MEDICAL EXAMINE	ER'S CERTIFICATE OF DEATH REG. NO. 9 6501						
1. NAME OF DECEASED (Type or Print)  ABBIE MC QUILLAR	2. DATE Known X Month Doy Year Hour OF DEATH Estimoted June 24, 1969 7:45 A.M.						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) OR INSTITUTION Franklin Square Hospital	3. DATE Month Doy Year Hour						
6. SEX 7. RACE 8. MARRIED NEVER MAR WIDOWED DIVOR	RRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?						
9. DATE OF BIRTH  8-11-31  10. AGE (In years If Under 1 Yr. If Und	er 24 Hrs. E. STREET AND NUMBER						
11. BIRTHPLACE (State or foreign country)  South Carolina  12. CITIZEN OF WHAT COUNTR	Jounne poorie						
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR I done during most of working life, even if refired)  HOUSEWIFE  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (if yes, give wor or doles of service)  No	Grace Stuckey  18. INFORMANT ADDRESS						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	MEDIATE CAUSE Subdural hematoma  E TO, OR AS A CONSEQUENCE OF:  E TO, OR AS A CONSEQUENCE OF:						
nead injury	Yes						
22A. EXTERNAL CAUSE WAS UNIDERLYING   CAUSE OF INJURY (e.g., in or obout home, form, foctory, street, office bldg., etc.)   1409 Edmondson Avenue							
Removal 6-26-69 Springs 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	Awithorton S Philling 1/2/ Monete outer						
VS 151-REV. 1/1/68	6 1 9 2						



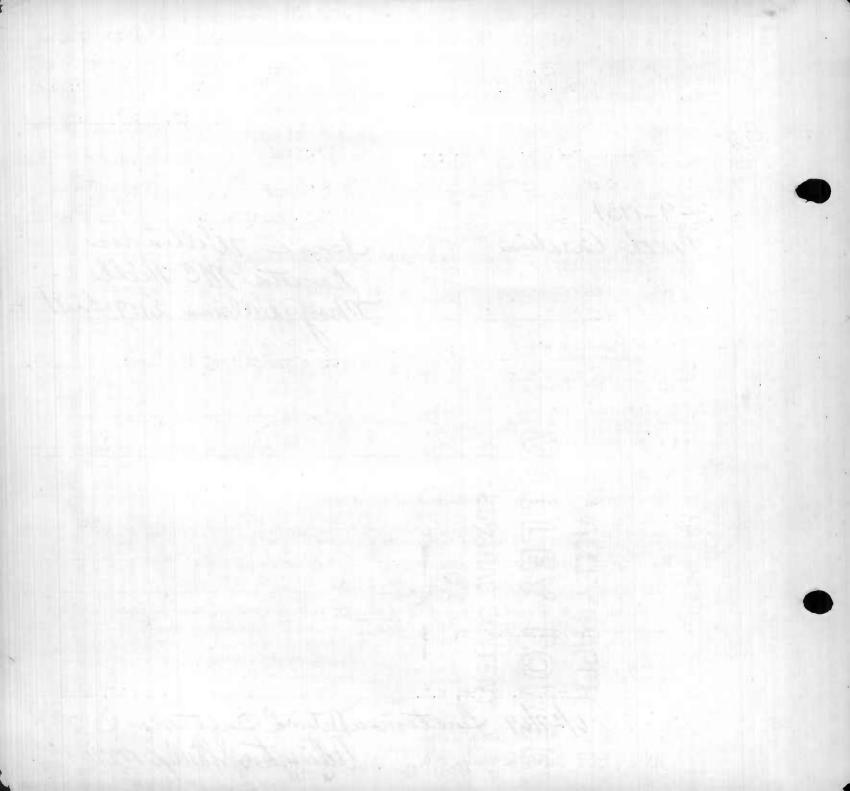
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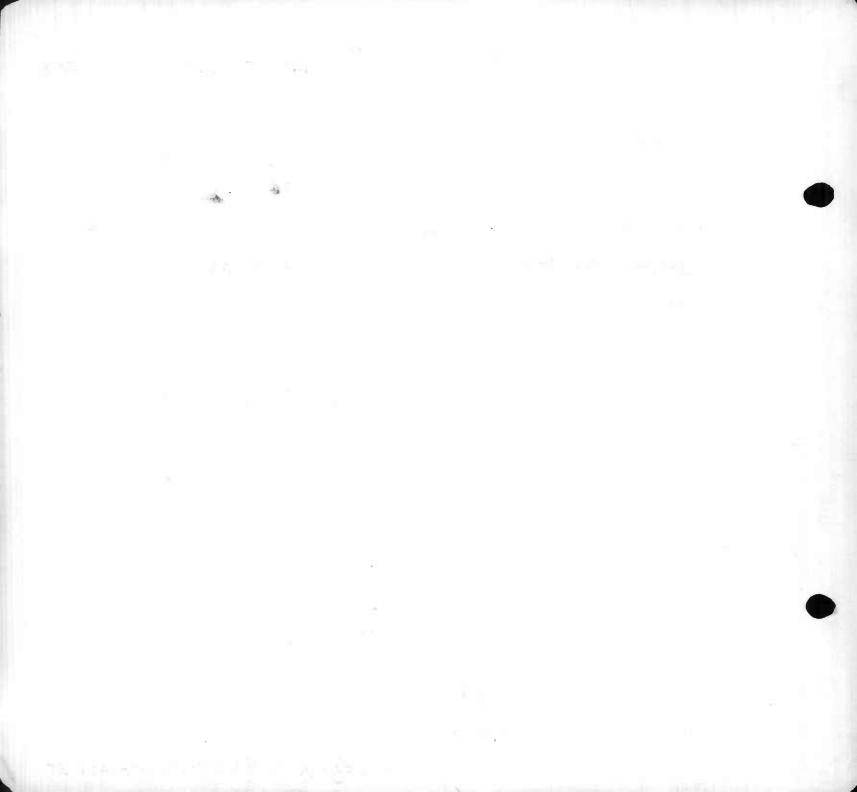
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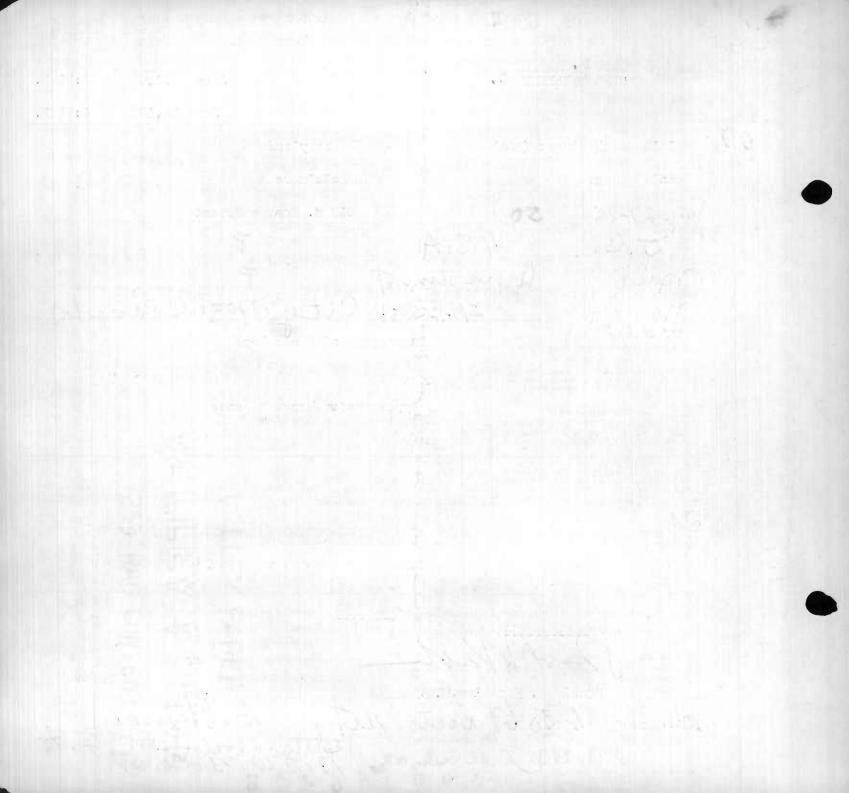
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25B. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68



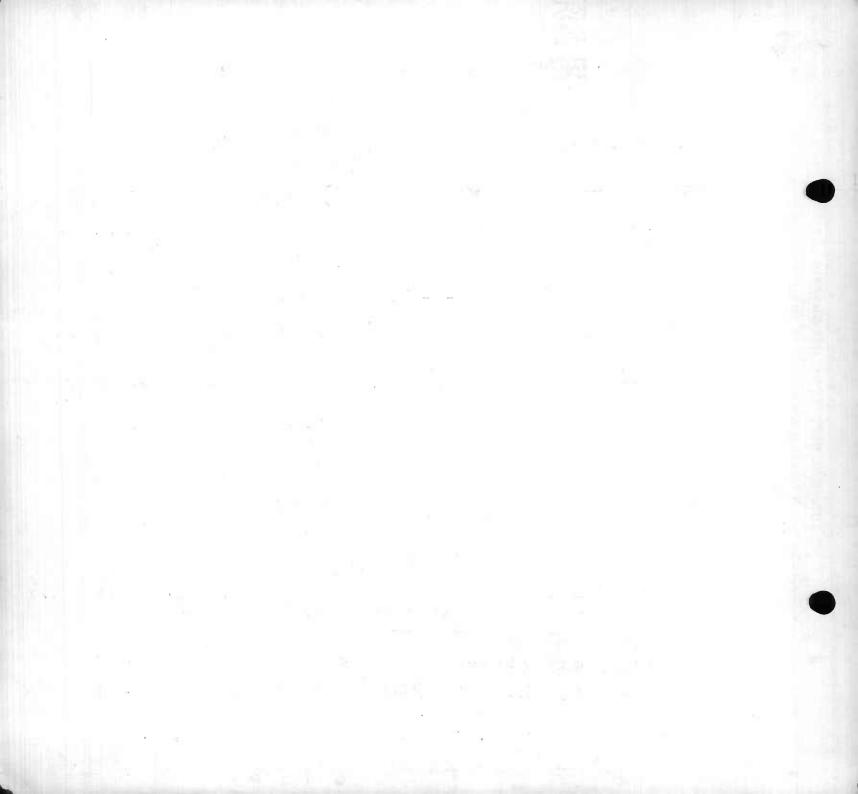
hospital

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact lacotion) and that in (my) (and apinion death accurred on the date (City, town, or county)



5-160

## $6506\,$ baltimore city health department

BIRTH NO.		MED		_	AMINER'S			F DEAT	H REG. NO.	69	650	6
NAME OF DECEASED M.  (ype or Print) JOHN SPARROW							Known   Estimoted	Month	Doy	Yeor	Hour	
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE	Estimores E	Month	Doy	Yeor	Hour	М.		
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)							UNCED DEAD	June	25, 19	69	3:15	
00	1705 St	. Paul	Stre	et		A. STATE	Maryland		B. COUNTY	12	05	1011)
SEX	7. RACE		B. MARRII	DAN	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
Male	Whi	te	WIDOWI	ED 🗌	DIVORCED		Baltimor	e	Y	ES X	NO 🗌	
Nov 25.		10. AGE (In lost birthdoy			1 Yr, If Under 24 Hrs. Doys   Hours   Min.	E. STREET	AND NUMBER	D 1 0				
1. BIRTHPLACE (S		68	1	2 CITIZ	ZEN OF	13. FATHER	1705 St.	Paul S	treet			
Mary					T COUNTRY?		is J. S	parrow				
4A.USUAL OCCU	PATION (Give	kind of work	48. KIND		INESS OR INDUSTR							
Painte		en ifretired)				Iva	Robins	on				
6 WAS DECEASE	ED EVER IN L	J.S. ARMED	FORCES?	17.	SOCIAL	18. INFORM	MANT	^	A	DDRESS		
Yes no or unknown)	(If yes, give w	or or dotes o	of service)	2	18-14-153	5 May	M. Spa	rrow	21 W.	Cross	Stre	et
19.	2-1-				CAUSE OF DEA						PROXIMATE IN	
DISEASI	E OR CONDI	TION DIREC	TIV		Arterios	cleroti	c cardio	vascula	r disea		TEEN UNSET AT	DEATH
	LEADING TO				(A)IMMEDIATE	AUSE						
heort foilure,	ot mean the rosthenia, etc.	It meons the	diseose,		DUE TO, OR	AS A CONSEQ	UENCE OF:	ener een van Ver. P <sup>er</sup> virk dit vals de ververe Eleman (El-Minder el				
	TECEDENT (				(P)							
DISEASES C	R CONDITIO	NS, IF ANY	GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
	IG CONDITION		ING INE		(c)							
		11			(~/************************************							
TO THE DEA	TH BUT NOT	RELATED TO	THE TERMIN									in \$1 \$1 mm on m \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10
		_		OR WH	ICH OPERATION W	AS PERFORN	\ED			21. AUTO	PSY? (Yes o	r No)
		2.3									No	
UNDERLYING		RIB-	2 h	28. PLA	CE OF INJURY(e.g., m, foctory, street, office	in or obout 2 e bldg., etc.)	22C. WHERE DII NJURY OCCUR	O (If in Boltimo	re Cily, give ex	oct locotion)		
UTING CA	Month) (De		) (Hour)	22E.1	NJURY OCCURRED	2	2F. HOW DID	INJURY OCC	UR?			
OF INJURY (APPROX.)	(5.	(		WHIL WOR	EAT NOT	WHILE						
23.	ify that I he	dd an le	nquiry [		spection X Au		and that ar	this basis,	death in my	aninian		
result	ed fram: No	TUTAL CAU	SON X	ALCCA!	dent Suicio		micide    CHIEF MEDICA		ned manner			
ACTUAL	(0)	1. X	1.0	1			STANT MEDICA		X		DATE SIGN	1ED
SIGNATU	er's Ch	arles	S. Sp	ring	ate, M.D.		CIATE MEDICA			June 2	6, 1969	9
NAME (T	ype)	4B. DATE			AME of CEMETERY	or CREMATO	DRY 124	D. LOCATION		n, or county	L	
REMOVAL (Specific Burial	v)	6/30/	69		Ito. Nati				more,			,
SA. DATE REC'D	BY HEALTH D	DEPT.	258. NA		REGISTRAR	25C.	FUNERAL DIRE	CTOR	1	ADDRESS		
re de la	JUN3	0 1969	ا	ع مله	Jaber MD	Wal	ters F	uneral	Home	Pratt	&Stri	sker Sts.

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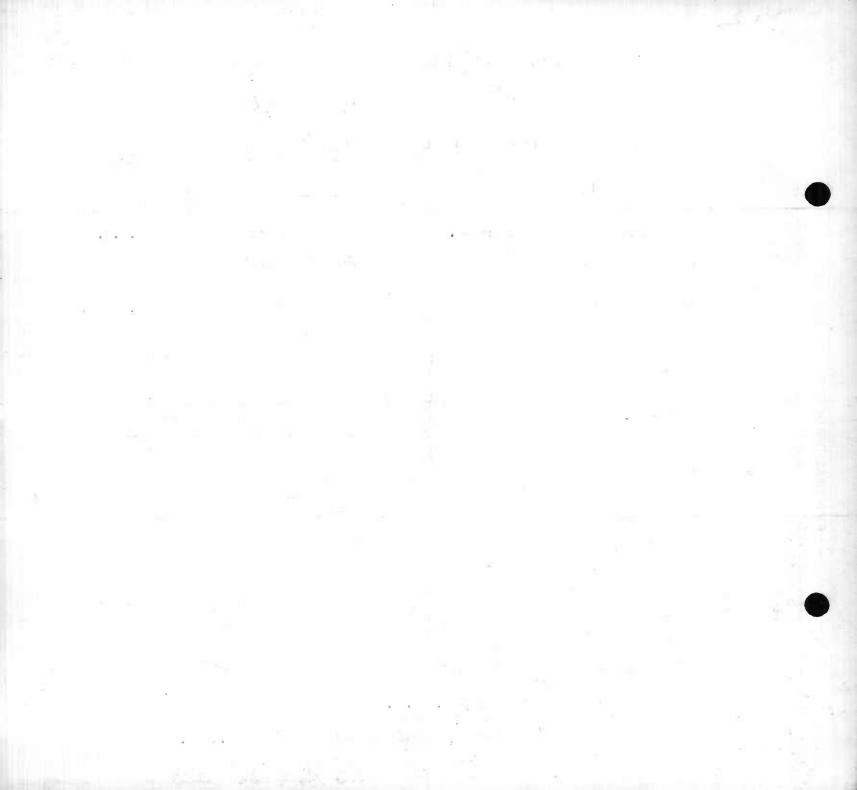
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+	40151	li.	69 6507 BALTIMORE CIT	Y HEALTH DEPARTMENT	9 6507
	2005	BI	CERTIFICA	ATE OF DEATH REG. NO.	0007
	an eat ase th th		NAME OF DECEASED		
	de de de s	(1)	pe or Print)	2. DATE AND HOUR OF DEATH	44 05
	÷ 0 0 4	3.	Concetta Fioravante PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	24 June 1969	11:35 P M
	ospita of of of oath.	"	MAKILAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institut A. STATE B. COUNTY	ion: residence before admission)
	S (V) # B	E	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	md. Balt	53.00
9	ng co	IN	STITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE C	
96	D S C C	1	Oxhus Tropelina Haspila	D. 1+	NO [
Ä	ing ing			E. STREET AND NUMBER	NO L
	9 9 9		33	4024 Raseral, R.	el .
2	ribut mined gular sed p	5.	SEX 6. RACE W 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years III	Under 1 Yr., If Under 24 Hrs.
7			WI Fem. WIDOWED DIVORCED	1 /2-5-70   1/4	Under 1 Yr. If Under 24 Hrs. Hours Min.
E	0 6 - 0 -	10/	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?
CUNE	ion de la considera de la cons	1100	e during most of working life, even it refired)		·
כו	S Piti	11		Italy .	U.S.A.
	if dea rect or (4) Und was i the d	13.	FATHER'S NAME Guitano	14. MOTHER'S MAIDEN NAME	
III -			Kocholasi Nogoutio	mary ann De	1
OFFICE		15.	Was Doceased Ever in U. S. Armed Forces?   1 4. SOCIAL	17. INFORMANT	ADDRESS
FI S	sta en in ea	(Ye	s, no of unknown) (If yes, give wet of dotes of service)   SECURITY NO.		
OF]	ssiss th th d d din fin			Mrs.Mary Carson, dght.	above
C			18. 4.2 7 DI CAUSE OF DEAT	Н	APPROXIMATE INTERVAL
E S	no d		DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
	S O O D T O	1	LEADING TO DEATH	use cerebral hypoxia	20 hrs.
Z T	2 - 2 - 2		(This does not meon the mode of dying, heart foilure, osthenia, etc. It means the disease.)	A CONSEQUENCE OF:	
_ 0	pr ct c		injury or complication which coused death.)		
§ C			ANTECEDENT CAUSES		00.1
5	BEA 400		Na Cardiac	arrest A consequence of:	20 hrs.
	a X S X		rise to the above cause (A) stating the	A CONSEQUENCE OF:	
ORNBLUM,	ns in a	1	UNDERLYING CONDITION lost.	1-tu	10.0
KORNBLUM	1 0 0		11 5 2 10 1		
	medie burr burr hysi n w	O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	lays gray www many yrs.	3 2
2	FERGE	ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	rib fracture, diabetes mellit	tus
NER.	he dy	문	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDI	NGS CONSIDERED
×	the the	CERTIFICATION	WAS PERFORMED	no IN CERTIFYING CAUSES	OF DEATH?
BY	the (2) (2) or or of or	ū	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., ir home, farm, factory, street, of	n or about 21 C. WHERE DID (II in Baltimore City.	, give exact location)
Н	No on on one	Z AL	DEATH (notify medical examiner)   nome, tarm, tactory, street, of	lice bidg., INJURY OCCUR?	
PPROVAI	_0 0 - > "		21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	215 110 11 212 11 11 11	
Ö	bed pt (6)	MEDI	OF INJURY	21F. HOW DID INJURY OCCUR?	
K.	a c 0 0 5		(APPROX.) While At No! While At Work	° 🔲	
PI	pro ny spro		22. I certify that (1) (this has pital) attended the deceased from 13	June 19 69 to 24 June	10 69
A	40 p		that (1) (wie) last saw the deceased alive on 24 June	1969 ond that in (my) (out) opinion o	donth a several series to
NO	ust be a dent of ospital death)		and hour and from the couses stated obove. (1) (We) (did) (and not) vi	the intimy, tool, opinion to	neath occurred on the date
0	d s d d s d d s d d s d d d d d d d d d		23A. SIGNATURE		
Α	ust eas ide ide hos do do		Plata Man M.D AH		DATE SIGNED
SE	Eesate		DEGREE Phys.		Home 69
A	An a An a prior		NAME (Type)	23D. ADDRESS	
H	Hicate was r An a A. at a prior		Robert A. Norum, M.D.	Johns Hopkins Hospital, Balti	imore, MdD
RELEASED	F SO S B	24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE		rn, or county) (State)
L <sub>K</sub>	certific body w fs: (1) A D.O.A. ased pr		Burial 6/28/69 Holy Redeemer		
	S & S S	25A	DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR		
	This cer the bod shows: was D. decease			25C, FUNERAL DIRECTOR Schimunek Muneral Home	e. Inc.
		L-	JUN3 0 1969 Juster E. Farber 120	Schimunek Auneral Home 3331 Brehms Lane	-, -,
		A 2	50-REV. 1/1/68		

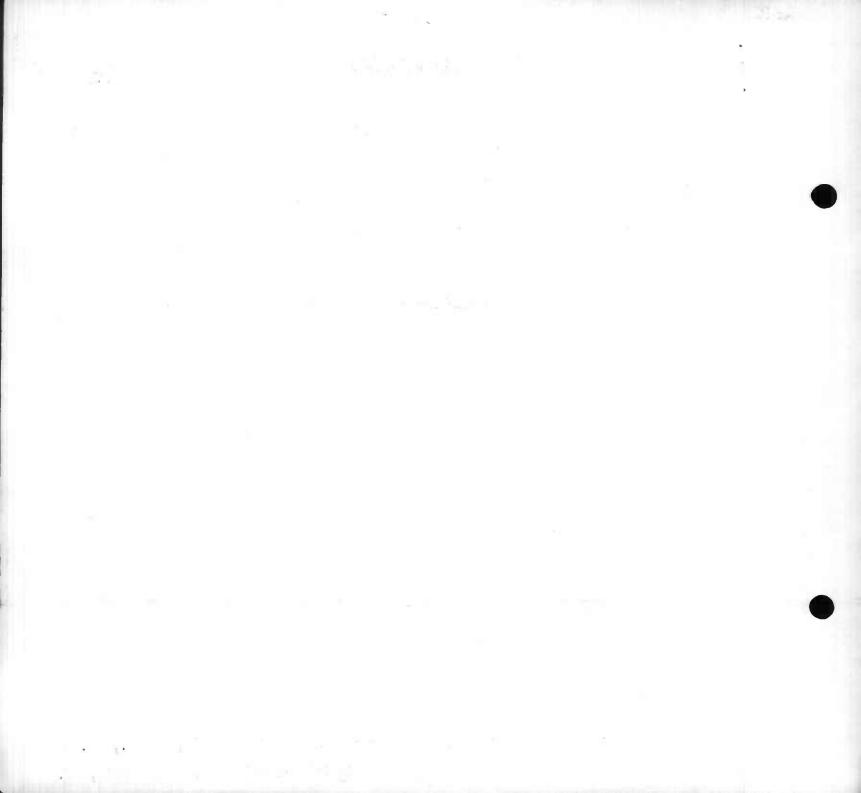
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DIRECTOR:

FUNERAL



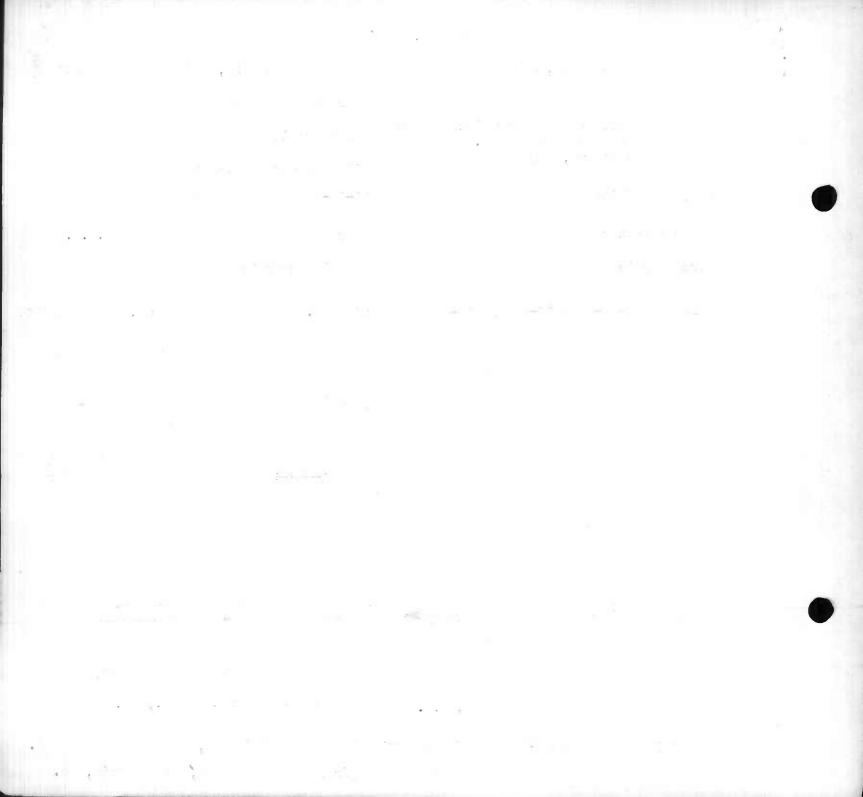
	60 0	BALTIMORE CITY	HEALTH DEPARTMENT	1/	00 0500		
1		509 CERTIFICA	TE OF DEATH	REG. NO	69 6509		
	RTH NO.	CERTIFICA	IL OI DEATH				
	NAME OF DECEASED  (pe or Print) Wilbur B	Waste	1 1	L -25-6	9 16:45 1.		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Whe	re deceased lived, If in	stitution: residence before admission)		
III H	ULL NAME OF (IF NOT IN HOSPITAL OR IN OSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland C.CITY OX TOWN	ANNE AR	DE CITY LIMITS?		
	34 BON Secours	Hospital	E. STREET AND NUMBER BOX 693	led.	YES NO X		
5,	SEX 6. RACE 7. MADE			9. AGE (In vegrs			
	M WIDON	NEVER MARRIED DIVORCED		lost birthdoyl	Manths Days Hours Min.		
	A. USUAL OCCUPATION (Give kind of work 108, KIN)		11. BIRTHPLACE (State or lore	an country)	12. CITIZEN OF WHAT COUNTRY		
do	ne during most of working life, even it retired)  Agent Penn	sylvania RR	Masuland		USA		
13.	FATHER'S NAME	Dy IV GIII I III	14. MOTHER'S MAIDEN NA	ME	0.022		
	EDGAR WAR	field.	FI.	VATTS			
15. (Ye	Was Decased Ever in U. S. Armed Forces? /	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	, , , , , , , , , , , , , , , , , , , ,	717-07-7854	Pts Charet				
	18. 7.5.0.9	CAUSE OF DEATH	1		APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY		Paul Tu	- Ido	BETWEEN ONSET AND DEATH		
	LEADING TO DEATH  (This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE	erch by arm	-		
	heart loilure, osthenia, etc. If means the dise	ose, DUE TO, OR AS	A CONSEQUENCE OF:				
	ANTECEDENT CAUSES	Λ Θ	evD E	HE			
	DISEASES OR CONDITIONS, if any, give	(B) PUE TO OR AS	A CONSEQUENCE OF	- ' ' '	***********		
	rise to the obove couse IA) sloting UNDERLYING CONDITION last.	the (c)	a Consequence of:	allitus			
1	II .	(-)					
NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG MAL					
CATIC	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	120.4	N 000 42 422 1110			
ERTIFI	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	JSES OF DEATH?		
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., ir hame, farm, factory, street, all etc.)	ar obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Baltimar	e City, give exact location)		
E .	21 D. TIME (Manth) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
×	(APPROX)	While At Not While Work Not Work	' 🗆				
	22. I certify that (1) (this hospital) attended the deceased from 6-9 1969 to 6-25 1969						
	that (1) (we) last saw the deceased alive on 6-25 19 69 and that in (my) (our) opinion death occurred an the date						
	and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.						
	23A. SIGNATURE  Attending Med. Staff 23B. DATE SIGNED						
1	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  23D. ADDRESS						
24/	CE. BANGKUM.  DEGREE  24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel REMOVAL (Specify)						
	Burial 28 June 69	Glen Hayan Mama	wiel Davis C.	len Burmie	AA Co Ma		
25/	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS						
		& E. Vaiber M.D.	Kirkley Fune	hl Home, Gl	en Burnie, Md.		
VS	150-REV. 1/1/68						



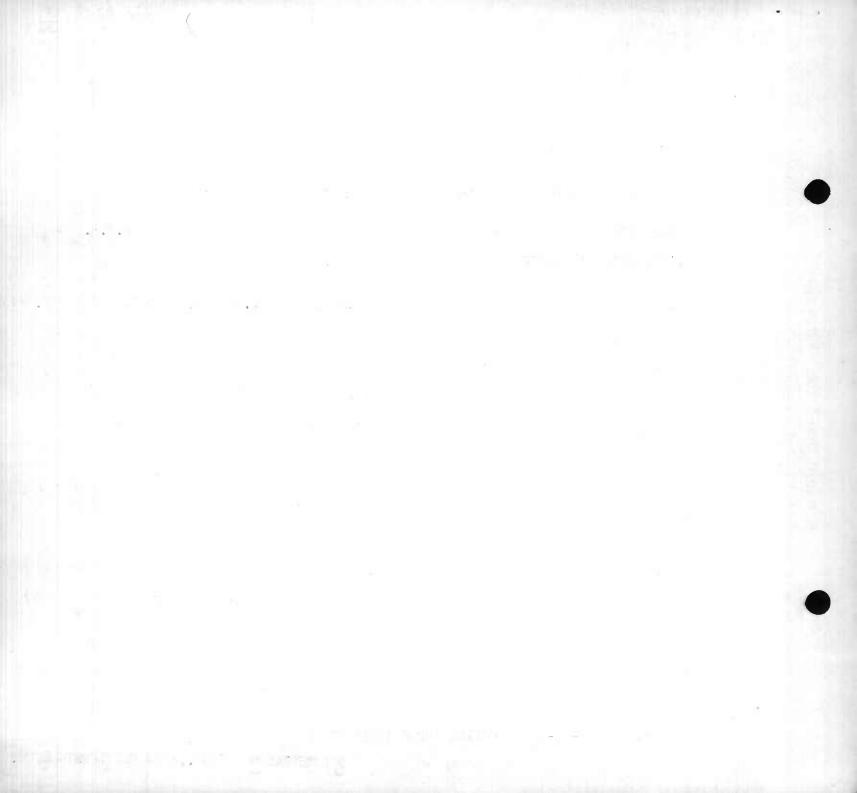
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death. Such

	WII NO	6	9 651	BALTIMORE CIT	Y HEALTH DEPART		REG. NO	69	6510
1.	RTH NO.	EASED				DATE AND HOUS	OF DEATH		
110	ype or Print	CARRICK.	JAMES WI	LMER		June 26		1	5:10 A
3,	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNC	CED DEAD		NCE IWhere deceos	ed lived. If in	stitution: residen	ce before admissio
11 H	ULL NAME OF	ADDRESS OR LOCA	INONI	•		Anne Arur			52-00
"	NOTITUTION	Veterans Adm		on Hospital	C. CITY OR TOWN		D. INSI	IDE CITY LIMITS?	
	23	3900 Loch Ra			Glen Bru			YES X	NO L
		Baltimore, M	aryland 2	1218					
5,	SEX	6. RACE	7. MAPPIED X	NEVER MARRIED	8. DATE OF BIRTH	Jersey Ave		li Under 1 Yr.	, ii Under 24 Hr
11	Male	White	WIDOWED	DIVORCED	11-15-15	lost birth	53	Months Days	Hours Min.
10.	A. USUAL OCCU	JPATION (Give kind of work working life, even if retired)	108, KIND OF BU	SINESS OR INDUSTR	11. BIRTHPLACE (SI	ale or foreign countr	yl	12. CITIZEN C	F WHAT COUNT
	Dozer ope				Maryland			11	S.A.
-	FATHER'S NAM		!		14. MOTHER'S MA				D . A .
]	Percy Car	rick				Cormick			
15. (Ye	Was Deceased	Ever in U. S. Armed Far-	s of service)	SOCIAL SECURITY NO.	17. INFORMANT	Recor	20	ADD	RESS
	Yes	12-29-43 to1		18-036541	VA Hosp	3900 Loch		D-1	4- V30404
	18. 11 9	18416	110	CAUSE OF DEA	H TOSP	3400 FOGI	naven i	APP	ROXIMATE INTERVAL
	DISEAS	E OR CONDITION DIR	RECTLY					BETWEE	EN ONSET AND DEAT
		LEADING TO DEATH		(A)IMMEDIATE CA	use Suspect	ted acute	nyocard	ial m	inutes
	hearl failure.	al meon the mode al asthenia, etc. Il means	dying, e.g., the disease.		A CONSEQUENCE OF		ction		
	injury or com	plication which caused	death.)						
	A	INTECEDENT CAUSES		(a) Chron	ic bronchit	tis & chron	nic obs	tructive	2-3 yrs
	DISEASES O	R CONDITIONS, If	any, giving	DUE TO, OR A	A CONSEQUENCE		ay dise		
	UNDERLYING	abave cause (A) CONDITION last.	sloting the	(c)					
_		11						9.	t least
ATION	OTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING	Alack	olic cimh	ocie			months
AT	DISEASE OR CO	BUT NOT RELATED TO THE	[ 1 (A).	***************************************	OLIC GIFFI	CLEDI		0	months
ERTIFIC,	19A. DATE OF	OPERATION 198 CON	ORMED	CH OPERATION	20A. AUTOPSY? (NO		YES, WERE F	INDINGS CONS	SIDERED 17
S	21A. ACCIDEN	T WAS UNDERLYING	218. PLA	CE OF INJURY (e. G.,	n of about 21 C. WHE	RE DID	lif in Rollimare	City, give exact	( location)
EDICAL	DEATH (natify	TING CAUSE OF medical examiner)	home, fo	CE OF INJURY (e.g., arm, foctory, street, c	ffice bldg., INJURY O	C CUR?	n n bonnior	City, give exact	noconon;
EDI	OF INJURY	(Manth)  Dayl (Year)	(Hour 21E INJ	URY OCCURRED	21F. HOW	DID INJURY OCC	UR?		
2	(APPROXI		While A	Nol Whi	• 🗆 📗				
	22. I certify	that (1) (this hospital)	1		June 23	19 69	ta .	lune 26	19 69
		lost saw the decease		June 26	19.69				urred on the do
	and hour and	from the couses state	ed above. (#) (W	e) (did) (did pat)	view the bady afte				
	23A. SIGNATU	5 - /	1	/				23B. DATE SIGN	NED
	7	Marcia (. 1	Acum	Le MD Ath	ending Med.	or Staff Phys.		June 26	1969
	23C. PHYSICIAI NAME ITY	Y'S /	,	DEGREE	23D. ADDRESS	Filys.		ourc 20	, 1/0/
	NAME ITY		C SCHMID	r. M.D.	3900 Loch	Raven Blvd	. Balto	., Md.21	218
24/	A. BURIAL CREA	AATION, 248, DATE		of CEMETERY of CR		24D. LOCATION		y, lown, or count	
	Burial	30 June	69 Bal	timore Nati	onal	Baltimor			Md.
25/	A. DATE REC'D		258. NAME OF RI	EGISTRAR	25C. FUNERAL	DIRECTOR			DRESS
		20119 0 1303	المالحيلة في	Harber M.D.	Gir Gey	Funeral H	ome, Gl	en Burni	e, Md.



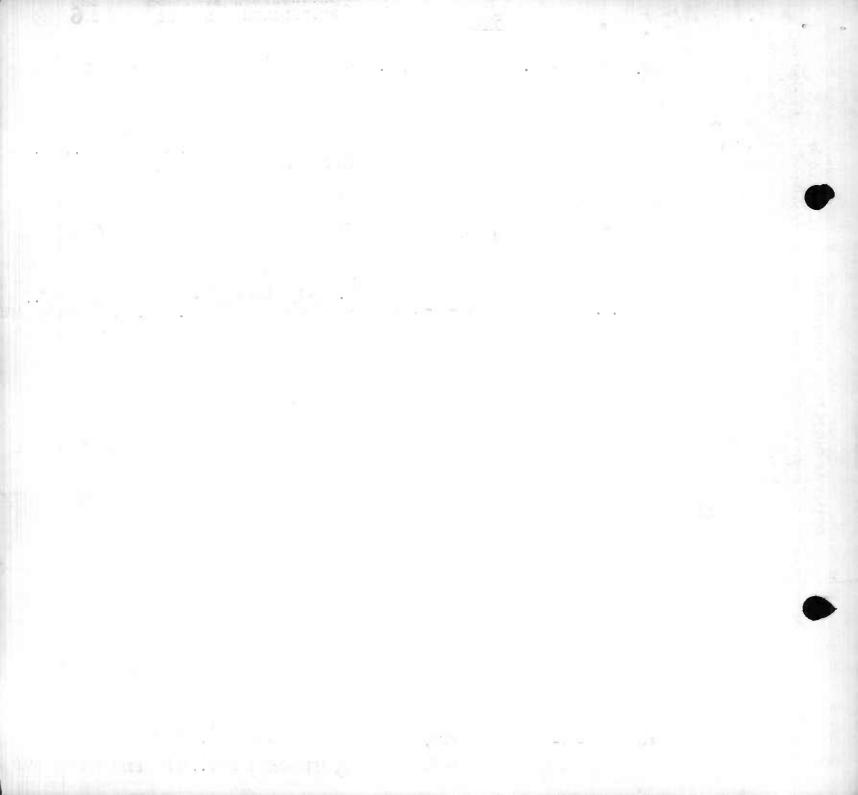
C-500 69 6	BALTIMORE CITY	TE OF DEATH	REG. NO. 62	P-53526511				
BIRTH NO.   2. DATE AND HOUR OF DEATH								
(Type or Print) COHEN, ZARA. & 6-26-69 4 A. M.  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		A. STATE B. COUN	a deceased lived. If institu TY	tion: residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	M d	D. INSIDE	CITY LIMITS?				
V46		BALTIMORE		s NO				
TLUTHERAN HOSPITAL	of Md	E. STREET AND NUMBER 4003 FLOX	-P:11 AVE					
5. SEX   6. RACE   7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. , If Under 24 Hrs.						
	WED X DIVORCED	XXXXXXXXXXX	86	onths Days Hours Min.				
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	2. CITIZEN OF WHAT COUNTRY?				
HOUSEWIFE	AT HOME	LATAVIA  14. MOTHER'S MAIDEN NAM	AE	u.s.A.				
ISAAC ZELIG LEHNHOFF		MALCA ?	NE.					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS				
NO	SECURITY NO.	MISS LILLIAN Z.	COHEN. 4003	FERNHILL AVE. #15				
18.410,91	CAUSE OF DEAT	Ĥ		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	A NUMBER OF CALL	myo cardial	in faretion					
(This does not mean the mode of dying, heart foilure, osthenio, etc. It means the dis-		A CONSEQUENCE OF:						
injury or camplication which caused death.)  ANTECEDENT CAUSES	P	oronary di	18411	Chronic				
DISEASES OR CONDITIONS, if ony, g	iving (8)	A CONSEQUENCE OF:						
rise to the above couse (A) stating UNDERLYING CONDITION lost.	the (C)	A CONSEQUENCE OF: Trial Fibrillate	in	4				
	Ce		plism					
OTHER SIGNIFICANT CONDITIONS CONTRIBUT								
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIND IN CERTIFYING CAUSES	DINGS CONSIDERED				
E E R I	1218 BLACE OF INTERVAL	No						
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, of etc.)	fice bidg., INJURY OCCUR?	(If In Boltimore Cit	ty, give exoct locotion)				
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?					
OF INJURY (APPROX.)  While At Not While At Not While At Work								
22. I certify that (I) (this haspital) attend			969 10 6-	26 1969.				
that (1) (we) last saw the deceased alive an 6-26. 420 Am 19.69 and that in (my) (aur) apinian death occurred an the date								
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  Attending Med. Director Phys. Director Phys.								
						23C. PHYSICIAN'S NAME (Type)	/ / /	23D ADDRESS
SOUNG. Y	NAME (Type) SOUNG. YOON HUH MD LUTHERAN HOSPITAL 6/md							
REMOVAL (Specify)	C.NAME of CEMETERY of CRE			own, or county) (State)				
BURIAL 6-27-69 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	CHIZUK AMUNO (AR	LINGTON) BAL	LTIMORE, MARYL	AND				
IIIN30 19691 20	48E. 4BG NO.	SOL BEUTISON	& BROS.,6010	REISTERSTOWN RD.				
'S 150-REV. 1/1/6R								

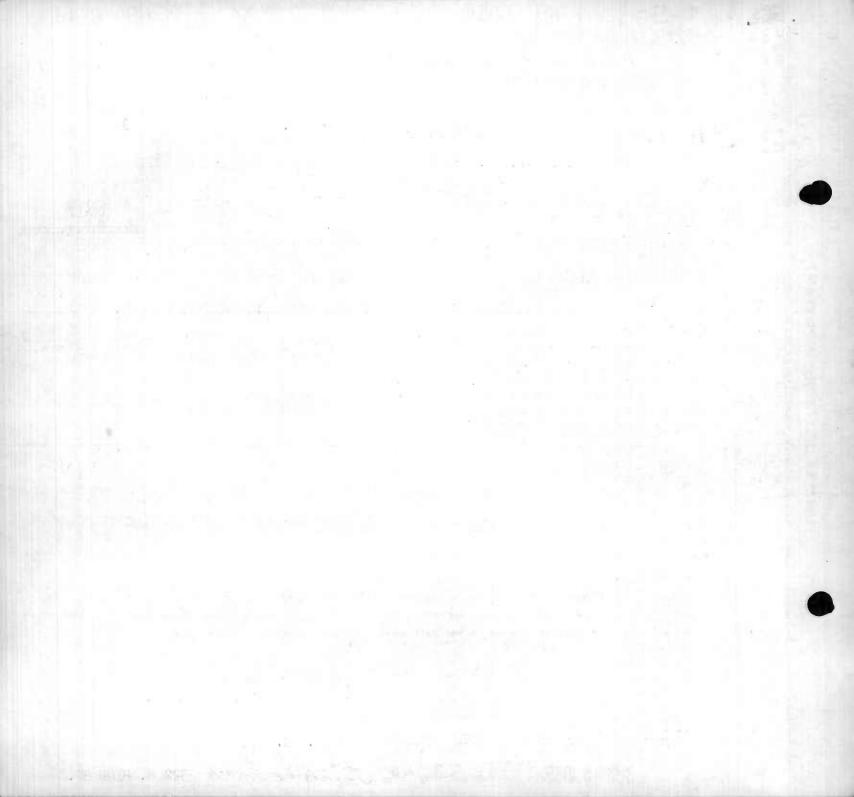


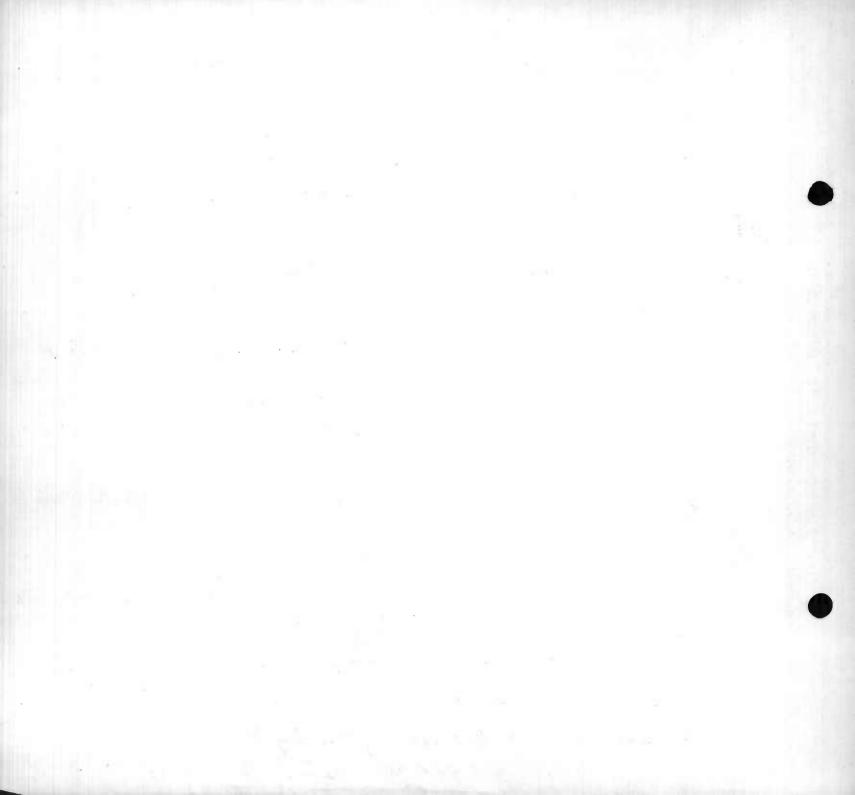
	K-456 69 6512 BALTIMORE C	TTY HEALTH DEPARTMENT				
1	BIRTH NO. CERTIFIC	CATE OF DEATH REG. NO. 69 6512				
	1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH				
	(Typo or Print) FRED KALINER	JUNE 25 1969 110:00 P. M.				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE B. COUNTY				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 2755				
	UNIVERSITY OF MARYLAND	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  PALTI MODE TO SEE THE				
	TO HOSPITAL	E. STREET AND NUMBER				
	5. SEX   16. BACE   17. ***********************************	6505 DEANCROFT RD.				
	MARKIED W NEVER MARRIED	8. DAYE OF BIRTH 9. AGE (In years   II Under 1 Yr. II Under 24 Hrs.   Months; Doys   Hours   Min.				
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Single of prign country) 12. CITIZEN OF WHAT COUNTRY?				
	done during most of working life, even it refired)	TRY 11. BIRTHPLAGE (State of breign country) PHI LAVELPHIA PLANELPHIA USA				
	13. FATHER'S NAME MARMAURICE	14. MOTHER'S MAIDEN NAME				
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SARAH FARBER				
	15. Was Deceased Ever in U. S. Armod Forces? (Yes, no or unknown) (III yes, give wer or dotes of service) SECURITY NO.	17- INFORMANT ADDRESS				
	NO	MRS. ETHEL KALINER, 6505 DEANCROFT ROAD #21209				
	DISEASE OR CONDITION DIRECTLY	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	CAUSE DISSEIN (NATED YEAR				
	heart laiture, asthenia, etc. It means the disease.	AS A CONSEQUENCE OF:				
	injury or complication which coused death.)  ANTECEDENT CAUSES	THYROLD CANCER				
		AS A CONSEQUENCE OF:				
	LINDERLYING CONDITION I	A SOURCE OF				
	UNDERCTING CONDITION last, (C)					
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1				
	S IDISEASE OR CONDITION GIVEN IN PART 1 (A)	20A-AUTOPSY2 (Yos or No) 208, IF YES, WERE FINDINGS CONSIDERED				
	WAS PERFORMED	20A-AUTOPSY? (Yos or No) 20B. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
- 11	OR CONTRIBUTION OF INJURITIES	in or obout 21C, WHERE DID (If In Boltimare City, give exoci location)				
	DEATH (notify modical examiner)					
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED  (APPROX.) While At Not W	21F. HOW DID INJURY OCCUR?				
	TYOIK LI AT WO					
	22. I certify that (I) (this hospital) attended the deceased from Jame ( 19 19 to Jame 2 5 19 19 that (I) (we) last saw the deceased clive an Jame 2 5 19 19 (9 and that In(mx)) (aux) applied death accounted as the date					
	and hour and fram the causes stated abave. (i) (We) (did) (did not) view the bady after death.					
	238. DATE SIGNED					
	DI VUIT DI OFFICE P	thending Med. Director Phys. 4 5 1967				
I	23C-PHYSICIAM'S NAME (Type)	23D. ADDRESS				
	CHARLES M. HARRISON MD GEGREE UNIVERSITY HISPITAL  24A. BURIAL CREMATION, 24B. DATE 124C. NAME OF CREMATORY OF CREMATORY 124D. LOCATION					
	REMOVAL (Specify)	tology tology				
	5A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR					
	JUNI 1969 Juber E Jailey M.D.	SOO LEVINSON & BROS., 6010 REISTERSTOWN ROAD				
- 1	\$ 150-REV. 1/1/68					



VS 150-REV, 1/1/68







BALTIMORE CITY HEALTH DEPARTMENT

Last Book march a feet a market market in the format

69 6517 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69	651

BIRTH NO.	REG. NO.
I. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) RALPH G. PLUMMER	OF COLUMN D
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M.
	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	June 23, 1969 2:10 P.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
312 W. Camden St., Rm. 219	A. STATE B. COUNTY
	Maryland Quan unna
MARKIED   NEVER MARKIED	C. CITY OR TOWN HILL D. INSIDE CITY LIMITS?
Male White widowed □ Divorced □	Churchville YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
8-17-1919   lost birthday 49   Months, Doys, Hours, Min.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	
1'Va. USA.	RAIDH G. Plummer Sr.
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
The state of the s	MAYEAREZ DASHIELES
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
725	Margaret Hummer Church Hill Md
CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	Estate 15
(This does not mean the mode of dying, e.g., (A)IMMEDIATE C	AUSE Fatty liver S A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	JA CONSEQUENCE OF:
injury or complication which courses death.	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	S PERFORMED   21. AUTOPSY? (Yes or No)
0 7	
₹ 22A. EXTERNAL CAUSE WAS 228 PLACE OF INTURY/e a	Yes
O HAIDERIVING TOR CONTRIB	in or about 22C. WHERE DID (If in Boltimore City, give exact facation)
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	WHILE [
23.	ORK L
I certify that I held on Inquiry Inspection Aut	opsy and that an this basis, death in my opinian
resulted from: Natural causes X Accident Suicid	e Hamicide Undetermined manner
00	CHIEF MEDICAL EXAMINER
ACTUAL (VIA)	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M.D.	
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER June 24, 1969
INAME (Type)	
24A. TURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
6/24/69 ME. Olive)	Bolt MI
	13777201
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
11 1 1 1 1060 E Jaben M.B.	III I TI

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

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FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

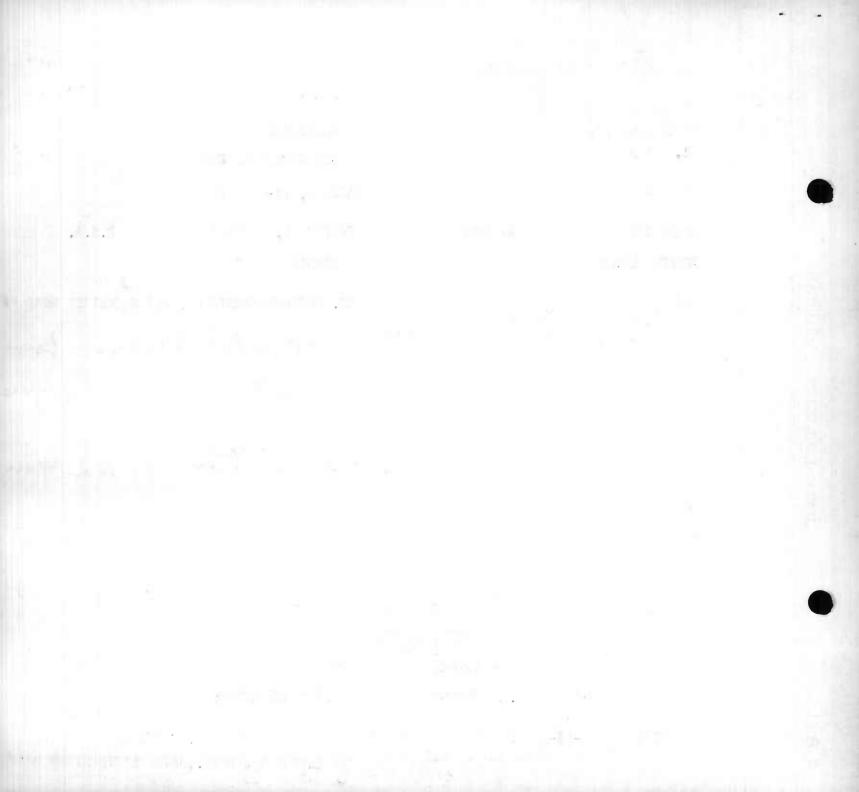
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DIRECTOR:

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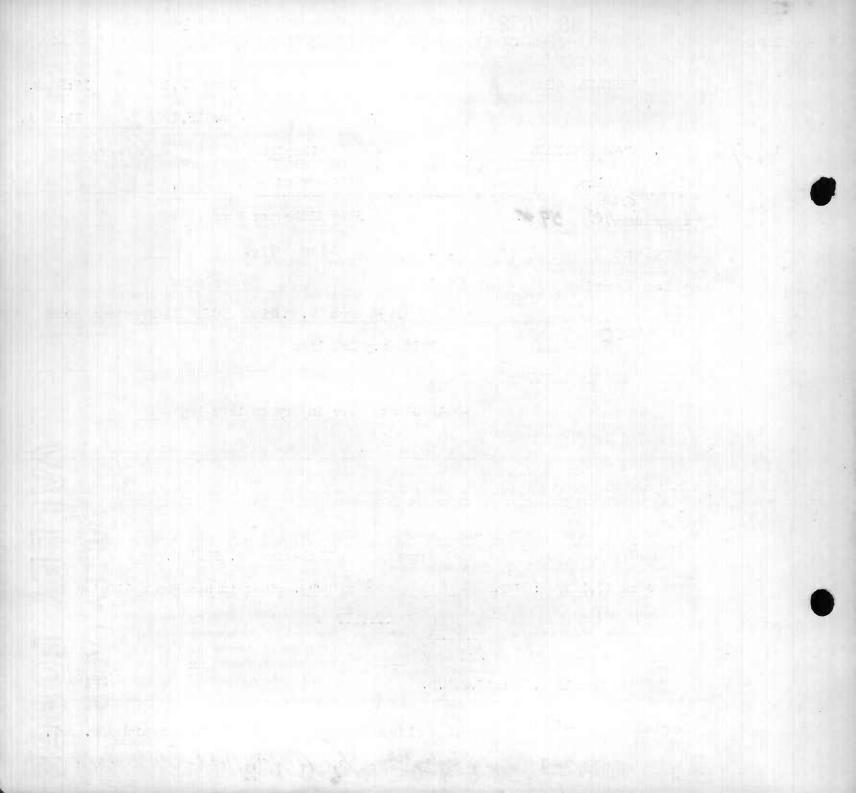
BALTIMORE CITY HEALTH DEPARTMENT 6520 4. USUAL RESIDENCE (Where deceased lived, If institution: residence D. INSIDE CITY LIMITS? NO YES If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS MRS. HERBERT DANSICKER. 820 SMOKETREE APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that In (my) (our) apinian death accurred an the date 23 B. DATE SIGNED 6-25-69 written approval (City, town, or county) ADDRESS LEVINSON & BROS. 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/6B



6-200

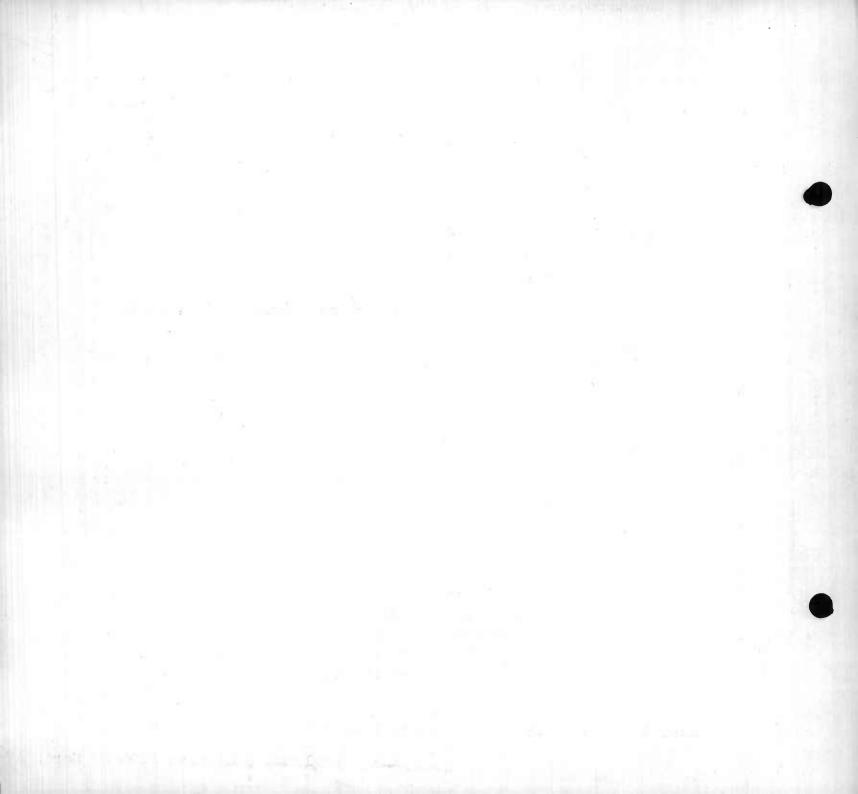
## 69 6521 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFIC	00 000
1. NAME OF DECEASED (Type or Print) MICHAEL GICK  2. DATE OF	Known Month Day Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	Estimoted June 25,1969 11:50 A <sub>M.</sub>
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  PRONOU	NCED DEAD June 25, 1969 11:50 A.
ST. AGNES HOSPITAL	SIDENCE (Where deceased lived. If institution: residence before admission)  Maryland  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED . C. CITY OR	/3 A
	YES NO
B-5 [lost birthdoy]   Months, Doys, Hours, Min.	ND NUMBER Ilchester Road
	NAME
Maryland  Ida. USUAL OCCUPATION (Give kind of work   148. KIND OF BUSINESS OR INDUSTRY   15. MOTHER done during most of working life, even if relired)	lam Gick 'S MAIDEN NAME
Letter Carrier Post Office	Rosenbaum
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no quinknown)((If yes, give war or dates of service)  17. SOCIAL SECURITY NO.	M.A.Bick 5026 Ilchester Road
19. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Pulmonary Embo	lism
LEADING TO DEATH (A)IMMEDIATE CAUSE	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury ar complication which caused death.)	JENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	injury to left leg
6	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PERFORME	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORME	21. AUTOPSY? (Yes or No) yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY WHILE ALL NOT	C. WHERE DID (If In Boltimore City, give exact location)  JURY OCCUR?  1 chester Rd. 525' N. of Beechwood Rd.  F. HOWDID INJURY OCCUR?  ubj.driver in head-on collision
23.	
I certify that I held on Inquiry Inspection Autopsy X	and that on this bosis, death In my apinion
	micIde Undetermined monner U
ACTUAL 6 P / // /	HIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M.D. ASSOC	CIATE MEDICAL EXAMINER   6/25/69
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATOR REMOVAL (Specify)	RY 24D. LOCATION (City, town, or county) (Stote)
Burial 6-30-1969 Meadowridge Cemet	ery Elkridge Howard Co. Md.
	UNERAL DIRECTOR ADDRESS  ADDRESS  ADDRESS
VS 151-REV. 1/1/68	21228





BALTIMORE CITY HEALTH DEPARTMENT



Burial 6/27/69
25A. DATE REC'D BY HEALTH DEPT. 25B

VS 151-REV. 1/1/68

JUN 3 0 1969 Juden E. Jahren R.D.

69 6524 BALTIMORE CITY H	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 6524
BIRTH NO.	REO, NO.
1. NAME OF DECEASED (Type or Print) MELVIN WHITE	2. DATE Knawn X Month Day Year Hour OF DEATH Estimoted A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	PRONOUNCED DEAD  Tune 20 1969 2:35 p.m.  S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
36 University Hospital	A. STATE Maryland B. COUNTY 402
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Balto. YES NO NO
9. DATE OF BIRTH 10. AGE (In years of lost birthdoy) 1905 11. AGE (In years of lost birthdoy) 10. AGE (In years) 10.	706 W. Lexington St.
11. BIRTHPLACE (Stote or lareign country)  Columbus S C  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Enoch White
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	RY 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)  Laborer	Belle Hammond
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or doles of service)	Mrs Eliza Liggins , same
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	CAUSE Lobar pneumonia RAS A CONSEQUENCE OF:  RAS A CONSEQUENCE OF:  rrhosis of the liver
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	WAS PERFORMED 21. AUTOPSY? (Yes or No)
	YES (Head)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT NO	g., in or obout 22C. WHERE DID (If in Baltimore City, give exact location) fice bldg., etc.) INJURY OCCUR?
23.	NTV
ACTUAL SIGNATURE EXAMINER	Autopsy Ond that on this basis, death in my opinion  ide
NAME (Type) Werner U. Spitz, M.D.  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETER	
REMOVIAL (Specify)	Maladana Maladana Ma

Mt Auburn Cemetry Baltimore
OF REGISTRAR 25C. FUNERAL DIRECTOR

Adolphus Halstead 1206 W north AVe

Md ADDRESS

1905

Columbus 3% C , U S A Enoch Whit

Laborer

Belle Hammond

232-09-4956 Mrs Eliza Liggins, same

Burdad

1:697

remain amount the

opsi bassalah sumalah

BALTIMORE CITY HEALTH DEPARTMENT

REG. NOS

NO

Hours

If Under 24 Hrs.

afetria Bill It

#332

69 6526 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EVALAINIEDIC	CERTIFICATE	OF DEATH
MEDICAL	EVAMILIER	CERTIFICATE	OF DEATH.

MEDICAL EXAMINER'S (	CERTIFICATE OF DEATH REG. NO. 69 6526
1. NAME OF DECEASED	2. DATE Known X Manth Day Year Hour
(Type or Print) NORMAN HODGES	OF DEATH Estimoted June 28, 1969
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	June 28, 1969 9:25 AM
OR INSTITUTION (DOA)	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
South Baltimore General Hospital	A. STATE Maryland B. COUNTY 2303
6. SEX 7. RACE B. MARRIED 1 NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	XXXX Baltimore VES NO
9. DATE OF BIRTH Aug. 7, 1895  10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	1526 Clarkson Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Rock Hall, Md. WHAT COUNTRY?	Richard Hodges
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)  Maintenance Man  Paper	Minnie Downey
WAS DECEASED EVER IN U.S. ADMED CORCESS 117 SOCIAL	18. INFORMANT ADDRESS
('es, no ar ynknown)((i' yes, give wor ar dates of service)  Yes # 1  SECURITY NO.	Mrs. Lillie M. Hodges 1526 Clarkson St.
119. CAUSE OF DEA	TH APPROXIMATE INTERVAL
4/0/14	BETWEEN ONSET AND DEATH
	osclerotic cardiovascular disease
LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR	CAUSE AS A CONSEQUENCE OF:
heort follure, asthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
many or compression which courses decominy	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes ar No)
	No
	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) te bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB-	Le blog, etc. / NOOKT OCCOK!
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  WHILE AT NOT WORK  AT V	WHILE WORK
23.	
I certify that I held on Inquiry Inspection X Au	otopsy and that on this bosis, death in my opinion
resulted from: Natural causes X Accident Sulci	de Homicide Undetermined monner
000	CHIEF MEDICAL EXAMINER
ACTUAL ( ) A 32	ASSISTANT MEDICAL EXAMINER
SIGNATURE M.I	ASSOCIATE MEDICAL EYAMINED
NAME (Type) Charles S. Springate, M.D.	June 29, 1969
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	7 7 1 4 4 0 163
Burial 7 1 69 Glen Hav	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MIN30 1969 Jaber E. Faller M.	Mc Cully 130 E. Fort Ave
VS 151-REV. 1/1/6B	2 6 5 7

(4) Undetermined cause; (5) Deceased attendance on the Such or contributing cause of death to death. written approval must be obtained before the remains are embalmed or final disposition is made. was in regular deceased the death was D.O.A. at a hospital (except where the physician who pronounced death deceased prior to death); and (6) No physician was in regular attendance on kind; shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any the body was released to the hospital

	-	BALTIMORE CIT	Y HEALTH DEPARTMENT		69 6527
BIRTH NO. 69-11177	69 65%	27 CERTIFICA	TE OF DEATH	REG. NO	03 6527
Type or Print)				AND HOUR OF DEATH	_ ^
NASS	AR, Lara	Ann		6/27/6	9   7:37 A.
3. PLACE IN BALTIMORE, MARYLAN	D, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	Where decoosed lived. If i	nstitution: residence before admission
FULL NAME OF (IF NOT IN HE ADDRESS OR	SPITAL OR INSTIT	UTION, GIVE STREET	Maryland		2644
INSTITUTION ADDRESS OF	LOCATION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
33			Baltimore		YES NO
The Johns Hopkin	s Hospit	al	5503 B Sai		21206
SEX 6. RACE		NEVER MARRIED K	8. DATE OF BIRTH	9. AGE (In yours	
Female White	WIDOWED		6/22/69	lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind o	work 108, KIND OF		11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTR
lone during most of working life, even if ret		111111	Bel +ime ==	Manual	U.S.A.
TONE  3. FATHER'S NAME	//	/////	Baltimore,	NAME	0.b.A.
Victor Nassar				nnon Nassar	
5. Was Decoased Ever in U. S. Arme	d Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yos, no or unknown) (II yes, give wer or		SECURITY NO.		15 11	
18.	11/1///	CAUSE OF DEAT	Mr. Victor N	lassar (Tathe	
DISEASE OR CONDITION	DIRECTLY	CAUSE OF DEAT	n		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEA	ATH	ALABAMEDIATE CAL	is GT HE	MODELAGE C	/
(This does not mean the made heart failure, asthenia, etc. It m	of dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	WERLA	
injury at camplication which car	used death.)			ou xi //	
ANTECEDENT CAL		(B) CACO	A CONSEQUENCE OF:	COLLAPS	=
DISEASES OR CONDITIONS, rise to the above cause	if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	PPPPP W ** ** *************************	***************************************
UNDERLYING CONDITION fast	· siding ine	(c) CONGE	NITAL HEART	DISEASE &S	SEPSIS
. 11					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN	PART I (A).	WILCH ORTHING	190 A		
WAS	PERFORMED		20A. AUTOPST? (Tes or	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? NO
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	lO   21 B. hom etc.)	e, tarm, toctory, stroet, of	fice bidg., INJURY OCCUR?	(If In Baltimor	e City, give exect location)
21 D. TIME (Month) (Doy) (Y		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)	Whit	Not While	° 🗆 📗		
22. I certify that (I) (this has	ital) attended th		6/22	19 69 ta	6/2/ 10 63
that (f) (we) fast saw the dece		7	19 6 9 and	that In (my) (aur) ani	nian death accurred an the date
and haur and from the causes		/	few the bady after death	10	and the date
23A. SIGNATURE	1/ 7	Atte	nding A Med.	Shaff Phys.	23B. DATE SIGNED / 9
23 C. PHYSICIAN'S NAME (Typo)	11/	DEGREE Phys	23D. ADDRESS	rhys. L.	
//					
R. N. Sheff,		M.D. DEGREE	The Johns	Hopkins Ho	spital

Burial June 28/69 Sunset Hill Mem. Gardens Rome, Georgia

25A. DATE REC'D 8T HEALTH DEPT.

25B. NAME OF REGISTRAR

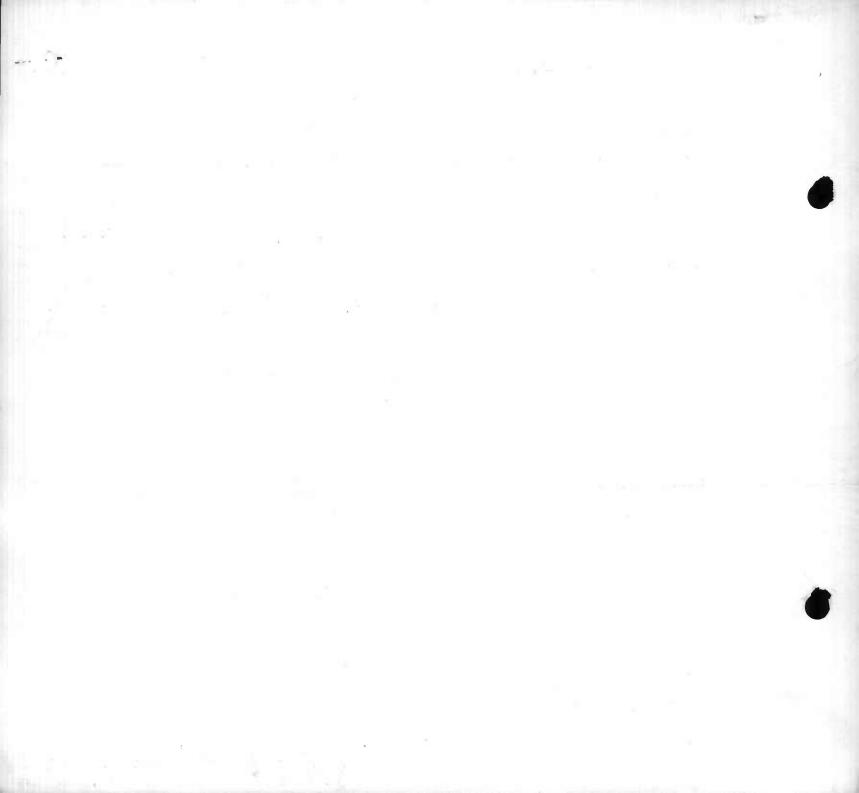
25C. ONERAC DIRECTOR:

Singleton Punessral Hom

VS 150-REV. 1/1/68

Singleton Punessral Hom

Glen Burnie, Maryland





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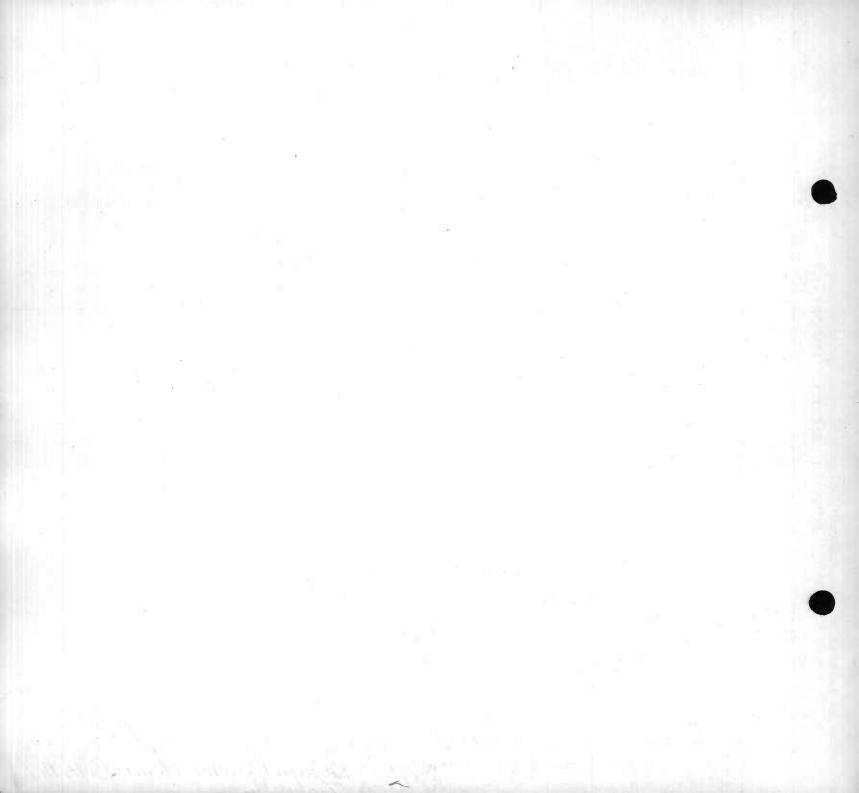
BALTIMORE CITY HEALTH DEPARTMENT

69

6529

RIE	CERTIFICA	ATE OF DEATH REG. NO.
1.1	Pe or Print) IO((1) /A/OFI) OF JANIA P	2. DATE AND HOUR OF DEATH
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	B. COUNTY
Ho	OSHTAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
11/2	firsty Charles Blueral Soffice	E. STREET AND NUMBER
0/1	Ballinne, Md., 21218	1319 W. 40 - Street
5. 5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 1 If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
104	WIDOWED DIVORCED L. USUAL OCCUPATION (Give kind of work 2018, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
0	ewoler (50 N Katz)	Maryland U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
disp	CURTIS TAYLOR	ETHEY BRUSHMILLER ADDRESS
	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service)  \$1.0.50CIAL SECURITY NO.	17. INFORMANT ADDRESS 40 TH ST.
	18.) CAUSE OF DEAT	TH BALTE MORE HELL 2121
<u>p</u>	DISEASE OR CONDITION DIRECTLY	A DA DEATH
balmed	LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  (A) IMMEDIATE CA  DUE TO, OR AS	LA CONSEQUENCE OF:
mpa	heort foilure, asthenio, etc. It meons the disease, injury or complication which caused deoth.)	A P - h A N A M-
0	ANTECEDENT CAUSES  (B)	my fortherios cleratio Jean Miseril
פר	rise fo fhe above cause (A) slating the	S A CONSEQUENCE OF:
sins	UNDERLYING CONDITION Iosi. (C)	
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTQPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
re the	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
befare the	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?  (If in Boltimore City, give exact facation)
	OF INJURY	21F. HOW DID INJURY OCCUR?
obtained MEDI	(APPROX.) While At Work Not Wh	
opt	22. I certify that (1) (this haspital) attended the deceased from	6-20 19 67 ta 6-26 19 69.
pe	and haur and fram the causes stated above. (1) (We) (did) (did not)	19 6 9 and that in(my) (aur) apinian death accurred an the date
must	23A. SIGNATURE	23B, DATE SIGNED
=	Auna Cuevas, Medice Ph	
apprava app	PAURORA P. CUEVAS M.D.	Parthe Charles Sen. Hop. Baltimme M 2/2/8
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION (City, town, or county) (Stote)
W Z5	A. DATE REC'D BY HEALTH DEPT. 228. NAME OF REGISTRAR	G 125C EUNERAL DIRECTOR PSUI / B2/40 CO / MU
*	JUH 3 0 1969 Lebert & Joseph Make	a Busaz Buerel Home B. 14 Mil

114 wyer



69 6530 BALTIMORE CITY HEALTH DEPARTMENT

69 6530

BIRTH NO.	EXAMINER'S	LERTIFICATE OF L	PEATH REG. NO.	
I. NAME OF DECEASED (Type or Print)  CLAUDETTE		OF DEATH Estimated	June 25, 19	969 Hour 12:50 P <sub>M.</sub>
4. PLACE IN BALTIMORE, MARYLAND, WHERE PROFULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OF LOCATION).	· ·	3. DATE PRONOUNCED DEAD	June 25, 19	969 Hour 12:50 P.,
CERTIFICATE AL Baltimore City Hos	MENULU pital 1-28-69	5. USUAL RESIDENCE (Where do A. STATE Maryland	B. COUNTY	n: residence before admission) timore
6. SEX 7. RACE B. MARRI	ED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE C	ITY LIMITS?
Female White WIDOW		Dundalk	Y	ES NO 🖺
9. DATE OF BIRTH 8/31/50 10. AGE (In years last birthday) 18	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	8126 N. Bo	oundary Road	
11. BIRTHPLACE (State or foreign country) Maryland	2. CITIZEN OF WHAT COUNTRY? U. S. A.	13. FATHER'S NAME Edward L. Kin	cer	1
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND done during most of warking life, even if retired)		15. MOTHER'S MAIDEN NAME Frances A. Ear		
16. WAS DECEASED EVER IN U.S. ARMED FORCES' (Yes, na or unknawn) (If yes, give wor ar dates of service)		Mr. Edward L. Kin	c) A	DDRESS Dundalk, Md
119.	CAUSE OF DEA	TH	ocarditis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	Interstitial pin	OUNON; £19 ····	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION F	NAL	**************************************		
20A. DATE OF OPERATION 20B. CONDITION F	FOR WHICH OPERATION W	AS PERFORMED		Yes (Yes or No)
UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., hame, form, factory, street, offic	in or obaut 22C. WHERE DID (If bldg., etc.) INJURY OCCUR?	in Baltimare Clty, glve ex	oct locotian)
22D. TIME (Manth) (Day) (Year) (Hour OF INJURY	WHILE AT NOT	WHILE 22F. HOW DID INJU	RY OCCUR?	
I certify that I held an Inquiry resulted fram: Natural causes X  ACTUAL SIGNATURE		Hamicide U	AMINER X	
24A. BURIAL CREMATION, REMOVAL (Specify) 6/28/69	Gardens of Fat			n, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. No. 151-REV. 1/1/68	AME OF REGISTRAR	25C. FUNERAL DIRECTOR John J. Duda,		ADDRESS ve. Dundalk, Md.

hetter from M. E.D. office MH.

1	-525	69 6531 BALTIMORE CITY HEALTH DEPARTMENT	
	sed the the uch	BIRTH NO. CERTIFICATE OF DEATH	reg. No. 69 6531
	of death of death Deceased e on the		HOUR OF DEATH
	F 0 0 E		
		A. STATE B. COUNT	deceased lived. Il institution: residence before admission
	5 N C B D	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET OF ADDRESS OR LOCATION)  C.CITY OR TOWN	0000
	cau cau se; end	13 ALTIMOR	D. INSIDE CITY LIMITS?
	l in a ng cau cause; attend ior to	E. STREET AND NUMBER	YES NO
	U	BALTIMORE, MD. 21201 114 WARRE	EN AUE.
	occurre ontribut ermined regular regular is made	6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9.	AGE (In yeors of Under 1 Yr., II Under 24 Hrs. Months; Days Haurs; Min.
	occonntra	WIDOWED   DIVORCED 121 12/8/25	42
	th cc ere on	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign dane during most of working life, even if retired)	country) 12. CITIZEN OF WHAT COUNTRY
	or or s i	DISABLED Laurdry W. VERGIN	TA WISA
	if d (4) U wa the spos	13. FATHER'S NAME	
누		LEGIVA .	JOHN SOIY
A	stant ne di ind; eath e on	15. Was Doceased Ever in U. S. Armed Forcas? (Yes, na arunknown) (If yes, give wor or datas of servica)  16. SOCIAL SECURITY No.	ADDRESS
RI	SE + A D SE	YES WWII CHART	
IMPORTAN	his as so, if any inced enda	18. CAUSE OF DEATH	APPROXIMATE INTERVAL
Ž	20340	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	MA + ACUTE RENAU FAIL
	er. Als cture o pronou lar att		RENAUTAIL
OR:	fractur o prougular embal	mury or complication which reveal deal t	
0	Erra o De	ANTECEDENT CAUSES	MARKED HEPATIC
RECT	xami xami ) A fr who who i reg	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:	***************************************
~	- 00 E = 2	tise to the above cause (A) stating the UNDERLYING CONDITION tast.	RRH0515
D	dical dical rrns; rsicia was main		•••••••••••••••••••••••••••••••••••••••
A	E o de c s	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
3	P C D O	▼ [DISEASE OR CONDITION GIVEN IN PART 1 (A)       ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	**************************************
FUNERA	by a by a 2) Bo a chi a che the bhysi ore the	# C/25/69 WAS PERFORMED CIRCUOSIS & ESCONDEROD NO	208. IF YES, WERE FINDINGS CONSIDERED N CERTIFYING CAUSES OP DEATH?
F		U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INTURY (e.g., if of obout 21C. WHERE DID	(If In Bollimore City, give exact location)
		DEATH (notify modical examiner)  DEATH (notify modical examiner)  DEATH (notify modical examiner)  DEATH (notify modical examiner)  Nome, form, foctory, street, office bidg., INJURY OCCUR?  otc.)  Nome, form, foctory, street, office bidg., INJURY OCCUR?  OF INJURY  While As a second of the bidg., INJURY OCCUR?	
	atura atura bt v (6)	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJUR	Y OCCUR?
	a. c. 6 = 5 ×	(APPROX.) While At Work At Work	
	F + F 0 0	22. I certify that (1) (this hospital) attended the deceased from	69 to 6/28 1969
	of of all (h);	11 14-11/11/11/11/11/11/11/11/11/11/11/11/11/	in(my) (our) apinion death accurred an the date
	27 . · · · · ·	and hour and from the couses stated above. (1) (We) (did) (did not) view the bady after death.	
	ust beased dent nospit deat must	23A. SIGNATURE	23 B. DATE SIGNED
		Vicente R. Caray Jr. M. D. Attending Med. Director Phys.	c/28/69
	was r An a L. at c prior	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS WIVE WS IT	Y HOSP
		ULCENTE R. CARAG JR. M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMPTERY OF CREMATORY 24C. DATE	ma. 21201
	Sec.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCA	ATION (City, town, ar county) (State)
	S D S D S D S D S D S D S D S D S D S D	Burial 7-/-69 City Parson	ns, W. Va.
	This certithe body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HING TO BE STAR OF RESISTAR 25C. FUNERAL DIRECTOR	Mc Cully 130 F Fort Are
		VS 150-REV. 1/1/68	Mc Cully 130 E. Fort Ave



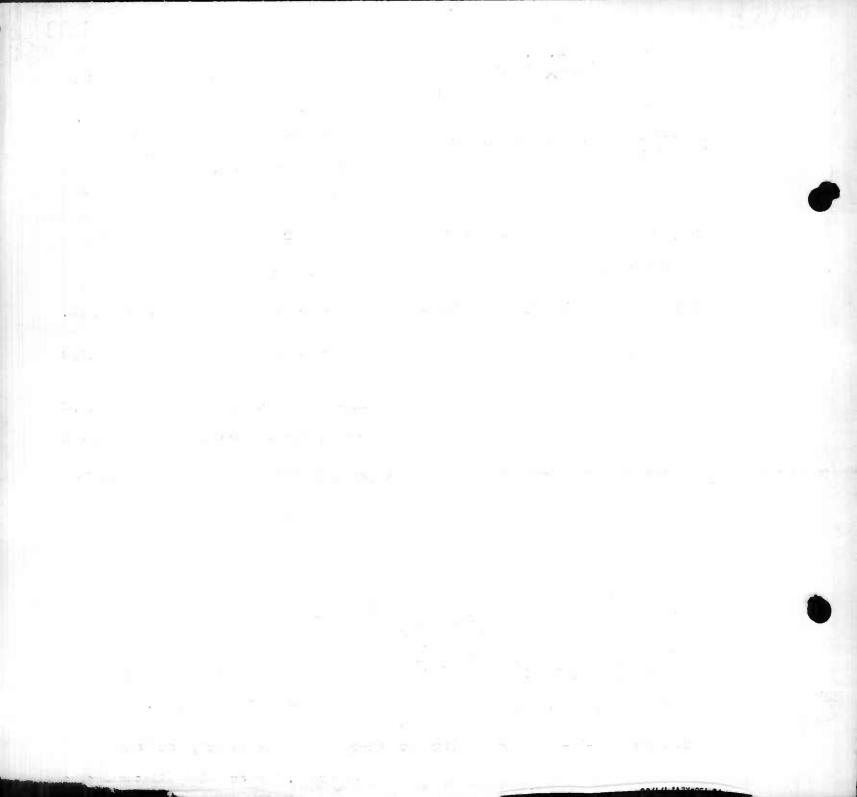
IMPORTANT

DIRECTOR:

FUNERAL

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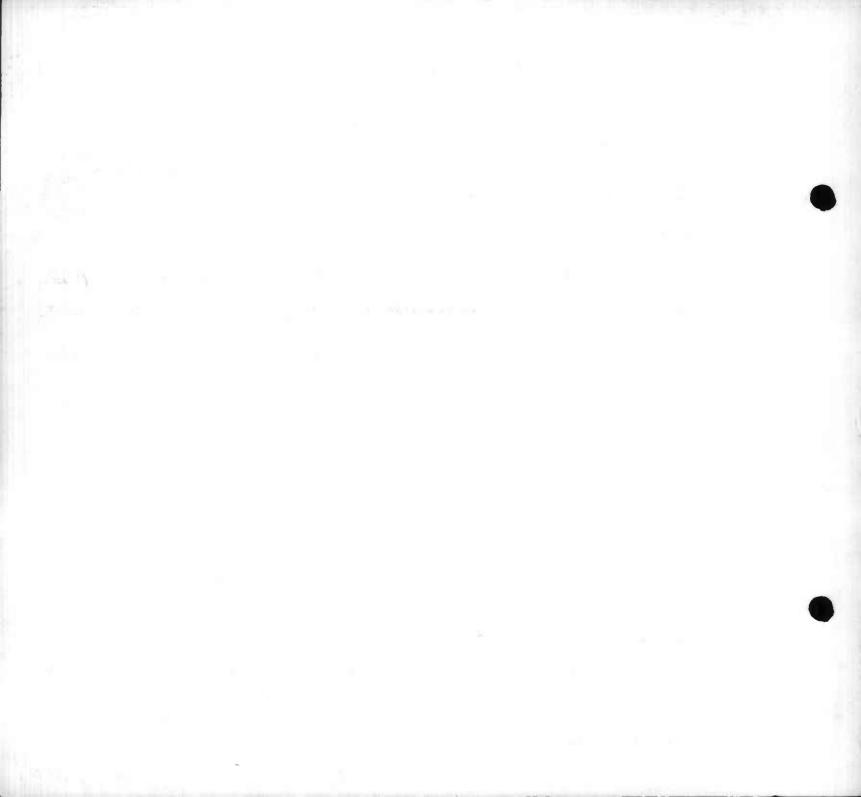
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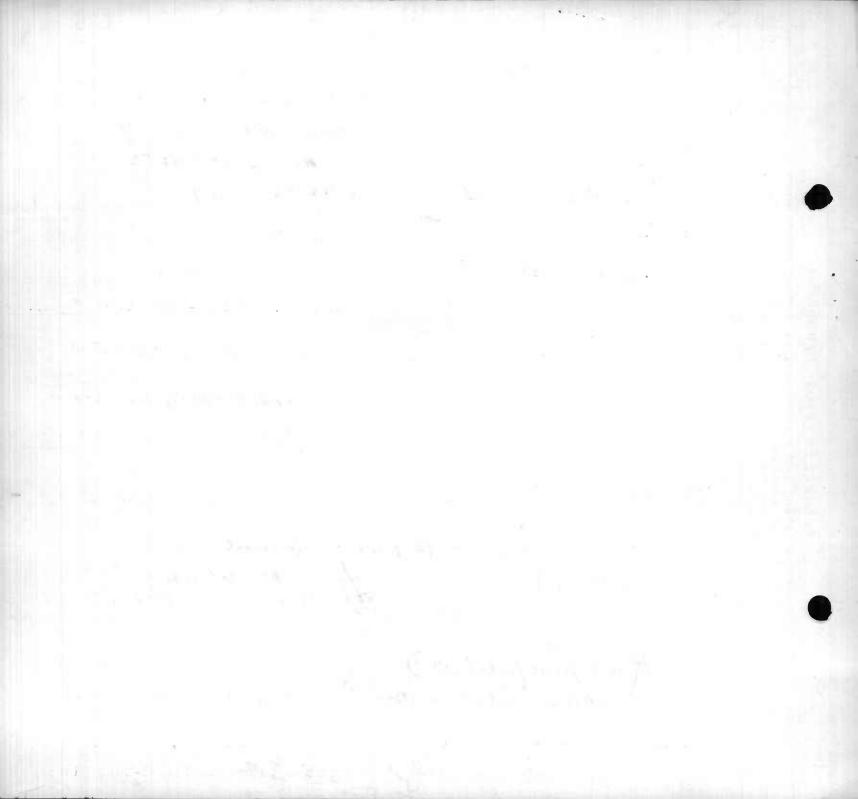
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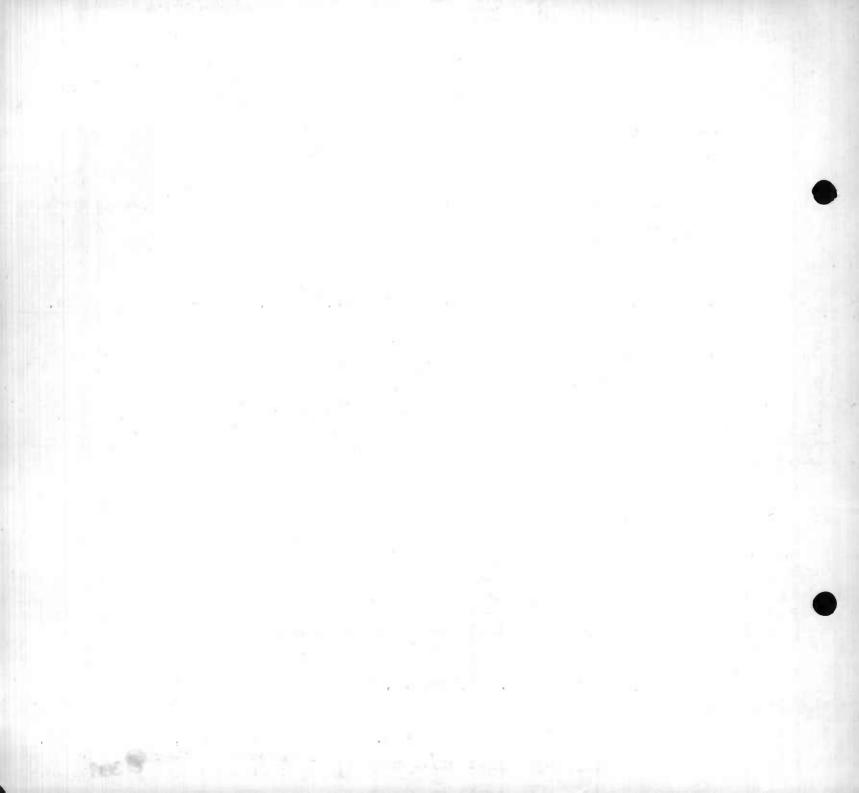
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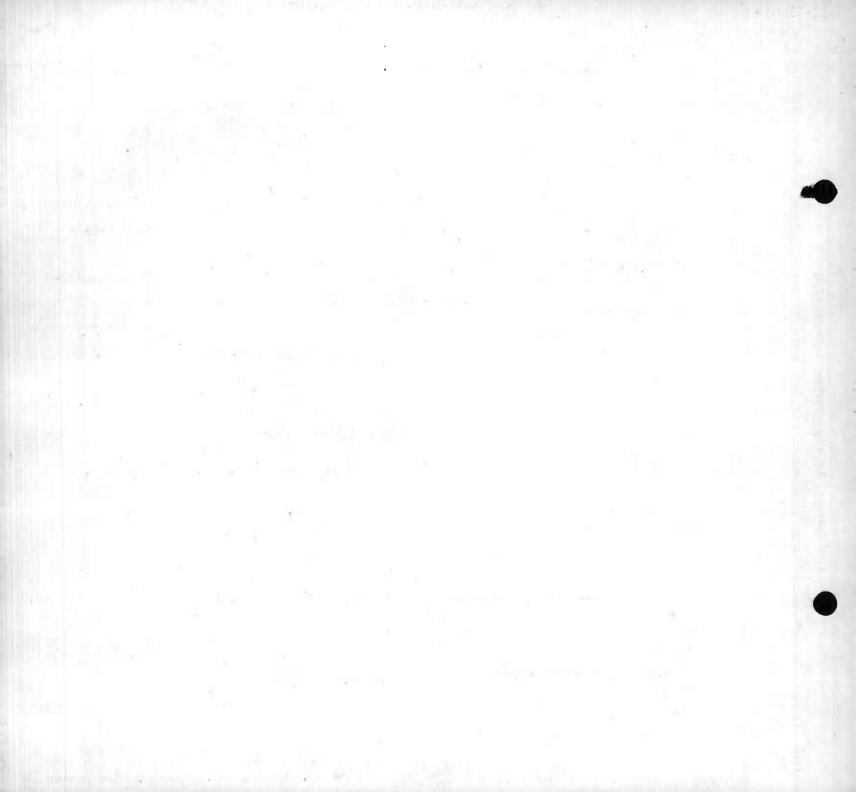


	69 6535 CERTIFICATE OF DEATH REG. NO. 69 6	535
1	BIRTH NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH	
	(Type or Print) DOSEPA E. CLOHUSON 6126169 18:5	5 P
3.		efore odmissi
FU	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	01
IN	INSTITUTION IC. CITY OF TOWN ID. INSIDE CITY LIMITS?	
Haryland Gen. Hospital E. STREET AND NUMBER		
7	703 3. Linwood Ave.	
5.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors Homonius Doys How WIDOWED DIVORCED 10 9 1900 88	Under 24 H
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)	HAT COUNT
100	FIRE DEPT. Baltimore UE.	<u>.</u>
13.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	WALTER JOHNSON	
15. (Ye	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no/or unknown) [III yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	
	NO 214-24-9476 florence L. definean	804
	BETWEEN OF	ATE INTERVA
	LEADING TO DEATH	So.
	IThis does not mean the made of dying, e.g.,	9/050
	hearl loilure, osthenio, etc. It means the disease, injury or complication which coused death.)	
	ANTECEDENT CAUSES  (B)  ASCV  (C)	
	DISEASES OR CONDITIONS, il ony, giving  DUE TO, OR AS A CONSEQUENCE OF:	
	tise to the above couse (A) stoling the UNDERLYING CONDITION lost. (C)	
_		
ERTIFICATION	of other significant conditions contributing leave Fulurary Edewa	
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes of No.) 2018. IP YES, WERE FINDINGS CONSIDER	RED
RTF	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	
U	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exect local office bldg Injury CC 1972)	tion)
MEDICAL	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
1		
	22. I certify that (I) (this hospital) attended the deceased from 6 23 19 9 to 26 that (I) (we) Jast saw the deceased alive on 6 19 69 and that In (my) (aur) opinion death occurre	19 69
	that (1) (we) Jast saw the deceased alive on 6 26 19 69 and that In (my) (aur) opinion deoth occurre	d on the d
	ond hour and from the couses stated above. (1) (We) (did) (did nat) view the body after death.	
	23A. SIGNATURE 23B. DATE SIGNED	ρ.
	E. W. be as Journal Attending Med. Stoff Director Phys. DEGREE Phys.	GE
	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	1
	E. M. DE COS SANTOS MIL.	
24/	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION (City, fown, or county)	(Stotel
25	DUNIAL 1991 BANVENS OF FAITH DALL. MO.	66
23		" h
I	VS 150-REV. 1/1/68 JUN 3 0 1969 week E. Jarber M.D. J. Jamelly tose	~//

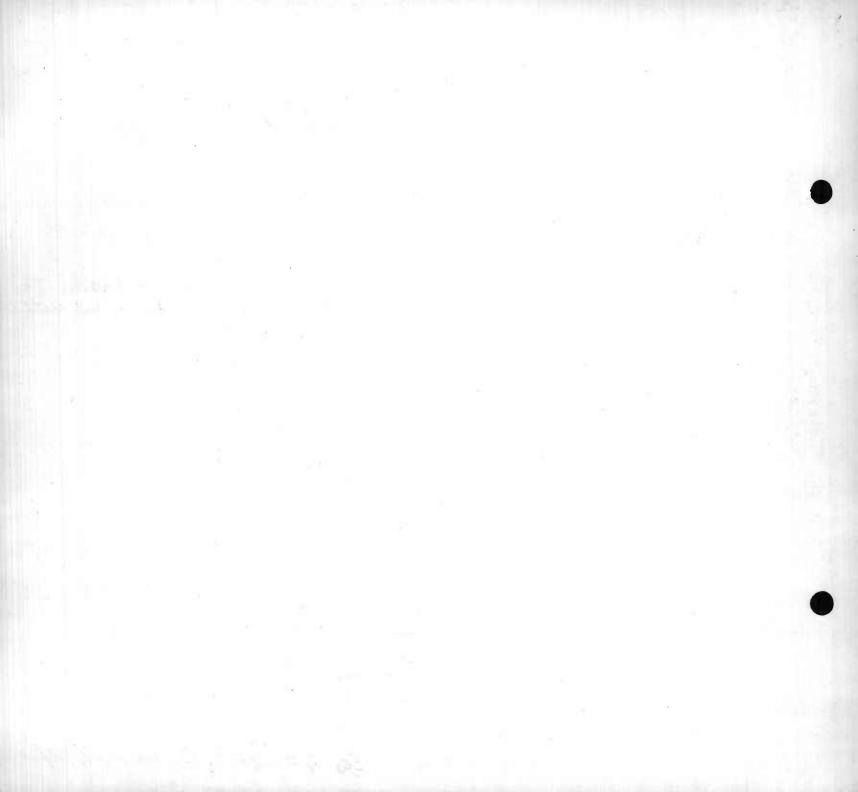




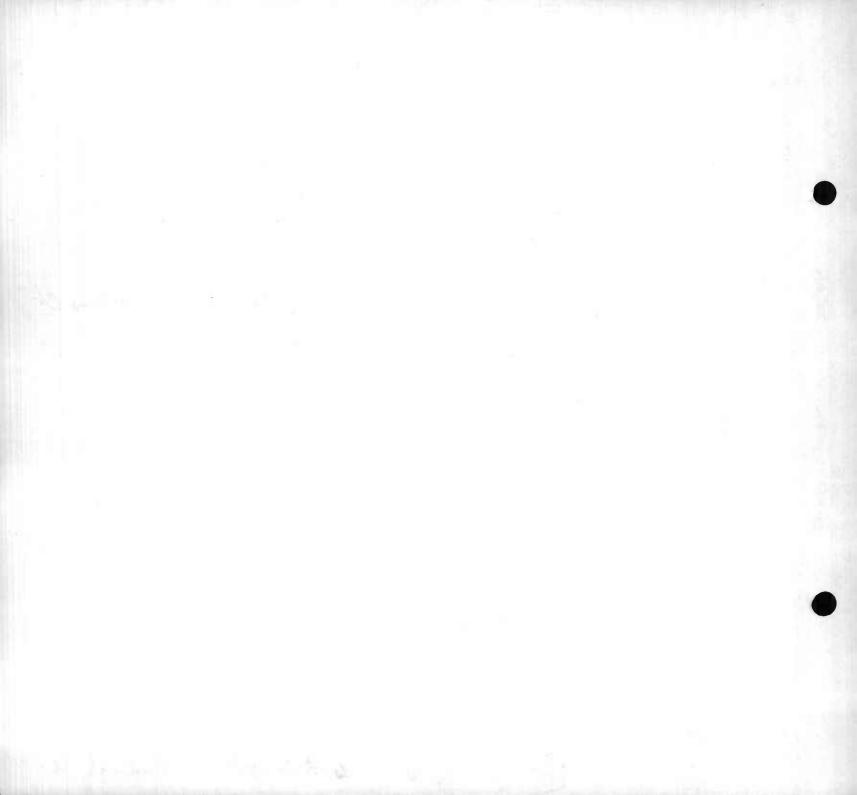




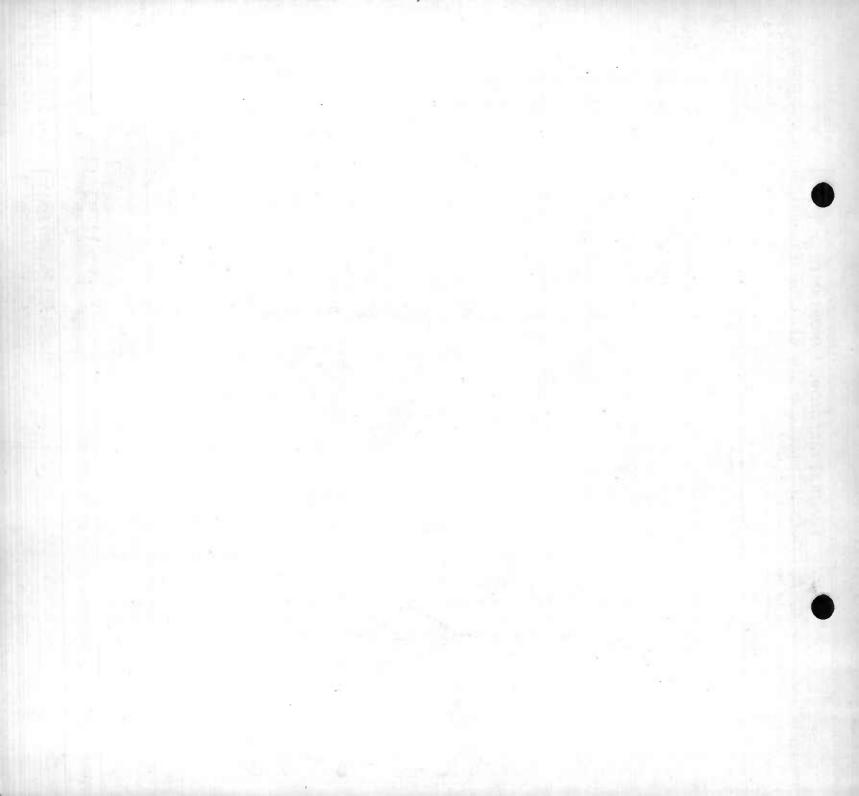
BALTIMORE CITY HEALTH DEPARTMENT

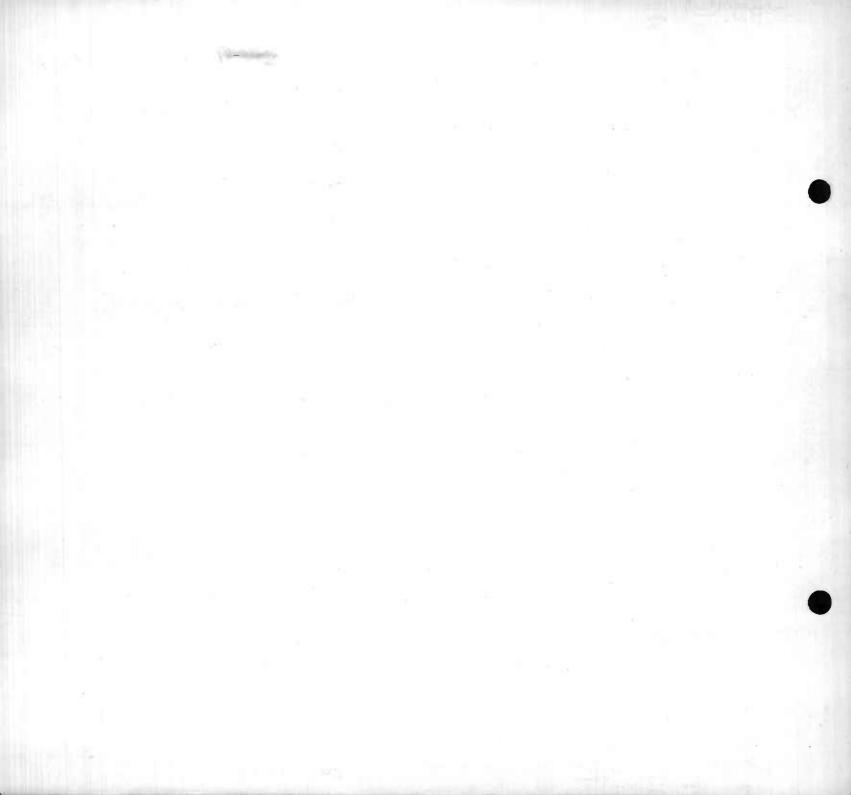


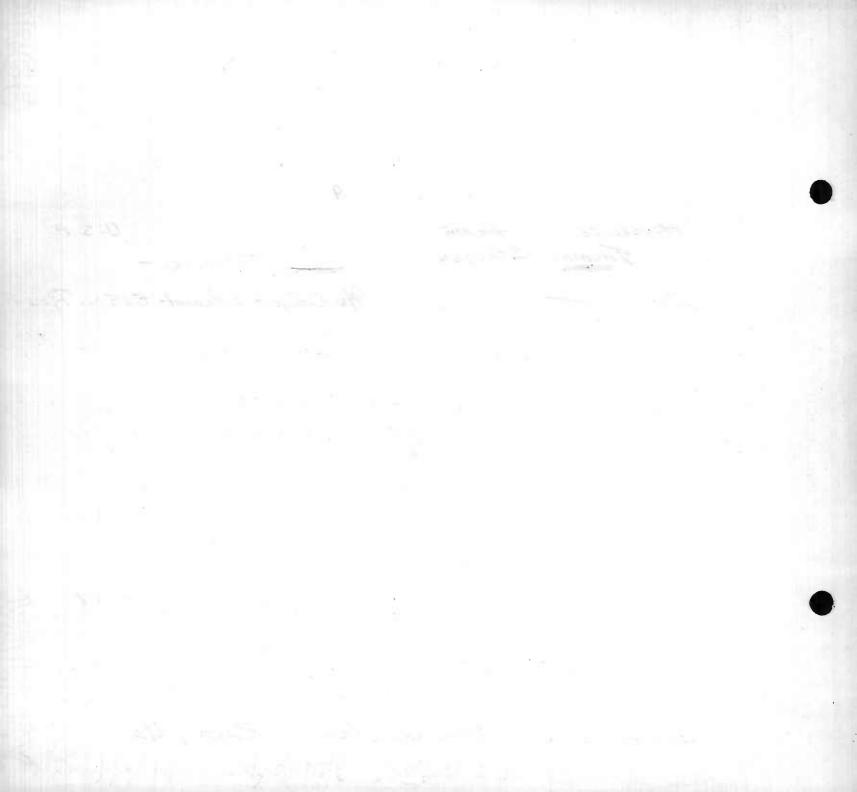
00 0	BALTIMORE CIT	Y HEALTH DEPARTMENT		69 6540
BIRTH NO. 09 0	540 CERTIFICA	ATE OF DEATH	Registered Na	
M.E. CASE NO.  1. NAME OF DECEASED		DATE AN	ID HOUR OF DEATH	
(Type or Print) / 1 1000 To 1	100	1.	120110	1 1. 500 6
PLACE OF DEATH IN BALTIMORE MARYLAND	HOU CAU	Kas) G	18/67.	titution: residence before odmission
TEACE OF BEATH IN BALIMORE, MARIEAND		A. STATE B. COUN	TY TY	titution: residence before comussion
FULL NAME OF (If not in hospital or institu	tion, give street	Mæeyam	d	19-02
HOSPITAL OR oddress or location)			side city limits, write RI	JRAL ond give township)
C 1 0-	In	Rallimon	e	
Grandelin 294	all Hospilo	D. STREET ADDRESS (IF	rurol, give location)	
36	/	11409 11	11. Sin 81	
SEX 6. RACE 7. MAR	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years 7)	If Under 1 Yr. , If Under 24 H
MID WID	OWED, DIVORCED (specify)		lost birthdoy	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B. KIN	Widows.	V 11 BIRTHE ACT (544		112 017 01
one during most-of working life, even if retired)	D OL BOSINESS OK INDOSIK	,		12. CITIZEN OF WHAT COUNTRY?
Relieved-		LITHUANI	7 EUROH	1
3. FATHER'S NAME		14. MOTHERS MAIDEN NAM	ME	1
Chikuron		luki	4 04 1	
	12 / 22 - / 12		- Cervi Ci	
5. Was Deceased Ever in U.S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates all serv	vice) 1 6, SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS
	, Y	1101A. M	140 140	9 Halling Of
18. 6 14. 6	CAUSE	OF DEATH	7,7	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	- 4	raemi C	me	
(This does not mean the mode of dying,			***************************************	
heart failure, asthenia, etc. It means the dis- injury or complication which coused death.)	eose,	CVA Q. F 1	210 1. 10	T T 10 10 10 10
	(R)	77 4 /3	succur	
ANTECEDENT CAUSES	DUE TO	Epik	losu	
DISEASES OR CONDITIONS, if ony, g				
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	the (C)		·	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			A 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
E TO THE DEATH BUT NOT KELATED TO				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES. WERE FI	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		ND.	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,		(If in Rolliman	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	olfice bldg., INJURY OCCUR?	the solutions	
U	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Whi			
	Work At Work	A-100	- / 3	Charles
22. I certify that (1) (this haspital) otten	ded the deceased from	07 -1, -1	1968 to	6/28/19.6
that (1) (we) last sow the deceased alive	an 0128	19 5 and the	at in (my) (our) opin	ian death accurred an the d
and hour and fram the causes stated aba-	ve. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	.,, .,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		23B. DATE SIGNED
Kerry der	M.D. At	lending Med.	Stoll	Colocola-
10 cache	Ph	ys. Director	Phys.	6/28/65.
23C. PHYSICIAN'S NAME (Type)	2	23D. ADDRESS	, ,	( A
DURINDE	R M.D.	Frankl	mi 191	eace Hopel
4A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY or CE	REMATORY 24D. LC	OCATION 4City	, lown, or county) (State
REMOVAL (Specify)	1/1 -		2 11	11
12URIAL 1-2-69	Holy Veed,	non Crim le	RALTO	MD
SÁ. DATE REC'D BY HEALTH DEFT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
HIN SO TORO OLO A	DO B. A. D.	O Mer & Ozlas	cor 21017	redered all
THE STATE OF THE SECOND	VC Valle N.D	TO TO THE POOL	001	Course will



BALTIMORE CITY HEALTH DEPARTMENT



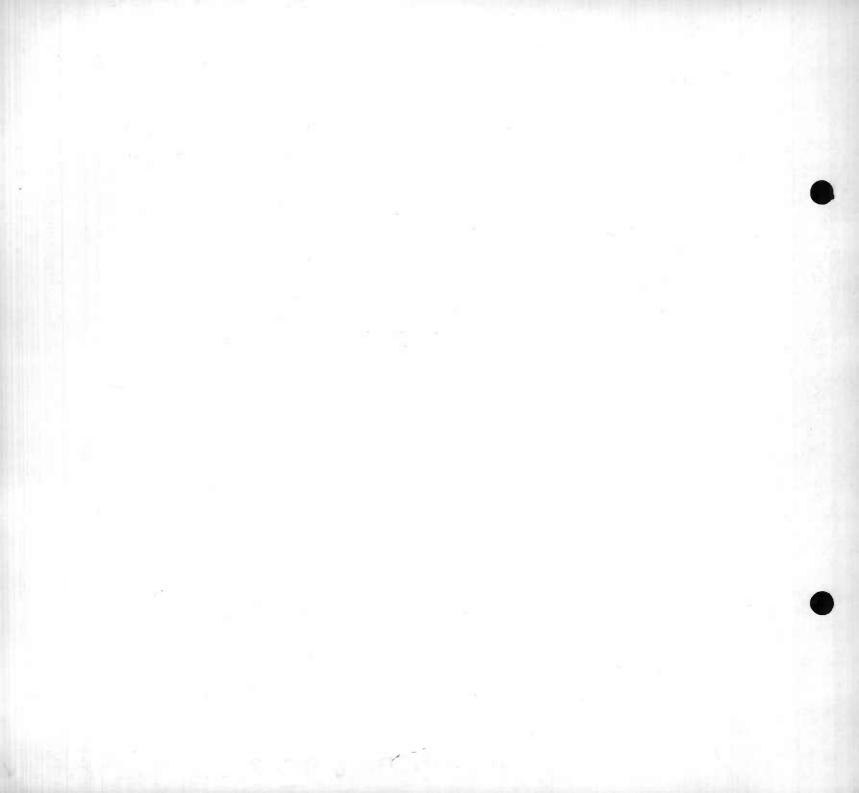




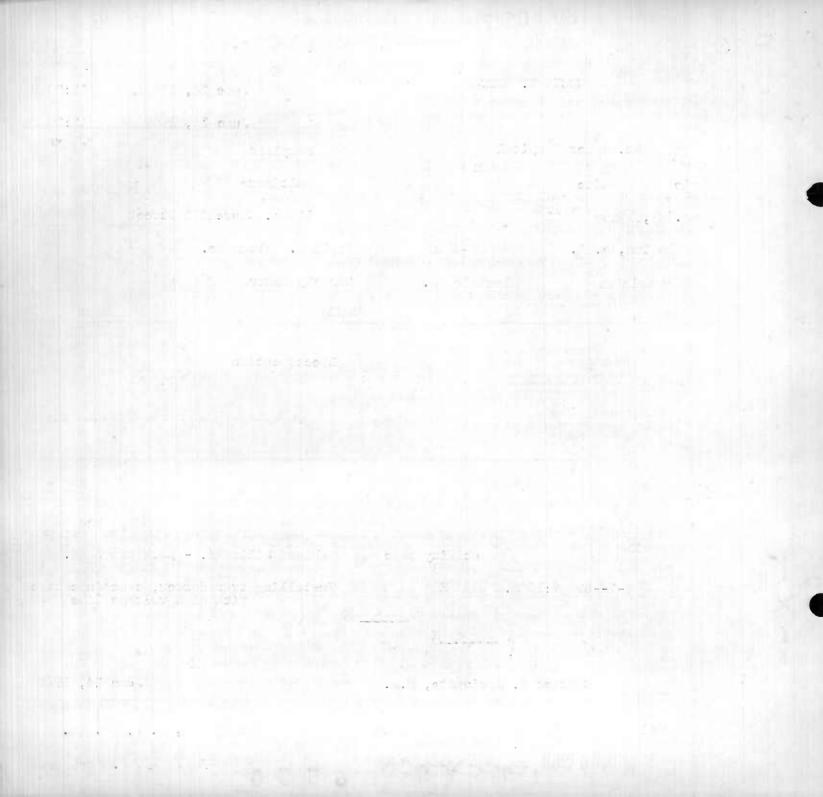
and the second second second A THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN CO. The state of the s

2	69 6545 BALTIMORE CITY HEALTH DEPARTMENT									
	BIRTH NO. 69-18-08 CERTIFICATE OF DEATH REG. NO. 03 0343									
	1. NAME OF DECEASED GONG CONTROL PARTY PAR									
	3. PLACE IN BALTIMORE, MANYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE Where deceosed lived. If institution: residence before admissioning the country of the country o									
	FULL NAME OF HOSPITAL OR INSTITUTION. GIVE STREET ADDRESS OR LOCATION)  IF NOT IN HOSPITAL OR INSTITUTION. GIVE STREET  C. CITY OR FOWN,  D. INSIDE CITY LIMITS?									
	Mercy upepital Unc. Baltimore YES NO [									
	130/ St. Hand place. 2/202 120/ S. Hanover St.									
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 6. DATE OF BIRTH 19. AGE (in years lost birthday) 19. AGE (									
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country)  12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)									
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									
	Fred paesch Joan Miles									
1	S. Wes Deceased Ever in U. S. Armed Farces? Yes, no or unknown) Uf yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.									
	18. 7 7 91 CAUSE OF DEATH									
	DISEASE OR CONDITION DIRECTLY Cardin sexuatory Land DEATH									
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., bent follows of the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:									
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)									
	ANTECEDENT CAUSES  (B)  (B)									
	DISEASES OR CONDITIONS, if any, giving is a labeling the UNDERLYING CONDITION last.  (8)  DUE TO, OR AS A CONSEQUENCE OF:									
.										
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
	19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IVes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
	OR CONTRIBUTING CAUSE OF home, toctory, street, affice bldg., INJURY OCCUR?									
	21D-YIME (Manth) 1Doy) 1Yeor) (Hauth 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While									
	22. I certify that (I) (this hospital) attended the deceased fram									
	that (1) (we) last saw the deceased alive on									
	23A- SIGNATURE 23B, DATE SIGNED 23B, DATE SIGNED									
	23C. PHYSICIAN'S NAME IType  23D. ADDRESS  23D. ADDRESS									
2	AA. BURIAL CREMATION: 24B. DATE 24C. NAME of CEMETERY OF CREMATOR 24D. LOCATION City. town, or county) 15tojel									
	REMOVAL (Specify) 290. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION City. town, or county) 15totel									
2	SA, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C, PUNERAL DIRECTOR									
	5 150-REV. 1/168 JUN 3 0 1969 Pales E. Jabes M.D. 9/10 COUNTY 130 E. FOR 14 10, 21230									





BIRTH NO.	MEDICAL	EXAM	IINER'S C	CERTIFIC	CATE OF	DEAT	H REG. NO.				
NAME OF DECEASED Type or Print)	CECIL R. H	UTTON		2. DATE OF DEATH	Known X	Month June	Doy 26, 1969	Yeor	Hour 12:20		
HOSPITAL ADDRES	RYLAND, WHERE P			3. DATE PRONOL	INCED DEAD	Month	26. 1969	Yeor	12:20	PM.	
or institution  L// St. Agn	es Hospita	1		5. USUAL R	SIDENCE (Where Marylan		ived. If institution B. COUNTY	residence b	2 de la comissión	-0	
5. SEX 7. RACE		RIED A NEVE	R MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?			
Male Whit		WED 🔲	DIVORCED [		Baltimo	re	YE	s 🖾	NO 🗆		
DATE OF BIRTH	10.AGE (In years lost birthdoy)		, If Under 24 Hrs.	E. STREET A	ND NUMBER						
Aug. 23, 1946	22				126 E.	Church	ill Stre	et			
11. BIRTHPLACE (State or foreign	country)	12. CITIZEN		13. FATHER	SNAME						
Washington, D.			OUNTRY?		il R. Hut		•				
4A.USUAL OCCUPATION (Give lone during most of working life, eve	kind of work 14B. KIN	O OF BUSINES	SS OR INDUSTR								
Electrician	E.	Lectric			othy Bake	r					
6. WAS DECEASED EVER IN U Yes, no or unknown) (If yes, give w	J.S. ARMED FORCE or or dotes of service	S? 17. SO SEC	CIAL CURITY NO.	IB. INFORM			A	DDRESS			
Yes			Z	Famil	У.				ame	PVAL	
F 923.18	5		CAUSE OF DEA	TH					EEN ONSET AND		
DISEASE OR CONDI					1 - 4 4						
(This does not mean the			(A)IMMEDIATE	AS A CONSEQ	lectrocut	. 1011			.44400000000000000000000000000000000000		
heort foilure, osthenio, etc. Injury or complication whic	It meons the disease,		DUE 10, OK	AS A CONSEQ	DENCE OF:						
DISEASES OR CONDITION			(B)	AS A CONSE	UENCE OF:						
RISE TO THE ABOVE CAL	ISE (A) STATING THI										
O ONDEXEMING CONDING	DIN CASI.		(c)								
OTHER SIGNIFICANT CON TO THE DEATH BUT NOT DISEASE OR CONDITION	RELATED TO THE TERM	AINAL					m medick i Cel Sel m sk derm i Sel Sel Sel Sel			0000	
20A. DATE OF OPERATION			OPERATION W	AS PERFORN	ED			21. AUTO	PSY? (Yes or	No)	
0 2								,	Yes		
ZZA. EXTERNAL CAUSE		22B. PLACE	OF INJURY(e.g.,	in or obout 2	2C. WHERE DID	(If in Boitimo	ore City, give exo	ct locotion)	6.	3-179	
UNDERLYINGX OR CONT			octory, street, office ity pole	C	akland Mi	ills Rd	l Larl	c Brow	n Rd.	00	
_		r) 22E.INJU	RY OCCURRED	2	2F. HOW DID IN	NJURY OCC	UR?				
(APPROX.) 6-26-6	9:10 A.	m. WHILE AT	I T NOT	WHILE I	nstalling	trans	former,	came	in cont	act	
23.				[77]			high vo.	_	line		
1 certify that 1 he				topsy		this bosis,	deoth in my	opinion			
resulted from: N	oturol couses	Accident	Suicio	A.	micide 🔲		ined monner L				
ACTUAL (		, ),	1-1		CHIEF MEDICAL				DATE SIGNE	D	
SIGNATURE	NOV	.0	The M.C	).	STANT MEDICAL		LXI				
NAME (Type)	Charles S.				CIATE MEDICAL				26, 196		
24A. BURIAL CREMATION, 2. REMOVAL (Specify)	4B. DATE	24C. NAM	E of CEMETERY	or CREMATO	RY 24D	LOCATION	(City, town	, or county)	) (Stote)	1	
Burial	6 28 69		Have	en	G:	len Bur	mie, A.	A. Co	· Md.		
25A. DATE REC'D BY HEALTH D		NAME OF REC	GISTRAR	2SC.	UNERAL DIRECT	TOR	A	DDRESS			
JUN3	0 1969	م يكم تنديم	when M.D.		1	de Cull	Ly 13	30 E. J	Fort Av	e	
		/ 5		1							



69 6548

BIRTH NO.	EXAMINER 3	LEKTIFICATE OF DEATH REG. NO.	7.7				
1. NAME OF DECEASED		2. DATE Known X Month Doy	Year Hour				
(Tune of Print)	GHT	OF DEATH Estimated June 28, 1969	8:00 P M.				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	3. DATE Manth Day Year Haur					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI HOSPITAL ADDRESS OR LOCATION)	ITUTION, GIVE STREET	PRONOUNCED DEAD June 28, 1969 8:00 P M					
Baltimore City Ho	spital	S. USUAL RESIDENCE (Where deceased lived, If institution: real A. STATE  B. COUNTY  Maryland	20-04				
6. SEX 7. RACE 8. MARRI	ED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?				
Male Negro widow		Baltimore YES	NO D				
	If Under 1 Yr. If Under 24 Hrs. Months   Doys   Haurs   Min.	E. STREET AND NUMBER					
8/22/10 58		2543 W. Lombard Street					
	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME					
Virginia	U.S.A.	William Wright					
14A.USUAL OCCUPATION (Give kind of work 14B. KIND done during mast of working life, even if retired)	OF BUSINESS OK INDUSTRY						
16. WAS DECEASED EVER IN U.S. ARMED FORCES	? 17. SOCIAL	Annie	RESS				
(Yes, na ar unknawn)((If yes, give war ar dates af service) ▼⊖S WW 11	SECURITY NO. 577-24-07	- Manage Mark Andrew OF ACT MARKET					
19 9 2 4 V	CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH				
LEADING TO DEATH	(A)IMMEDIATE C	AUSE Extensive thermal burns					
(This daes not mean the made of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.)	DUE TO, OR	AS A CONSEQUENCE OF:					
injury of complication which coosed deam.			1				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	AS A CONSEQUENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE							
20	(C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION F							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		~~~~				
20A. DATE OF OPERATION 20B. CONDITION	FOR WHICH OPERATION WA	AS PERFORMED 2	21. AUTOPSY? (Yes ar No)				
			No				
V 22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Doy) (Year) (Hour	hame, farm, foctary, street, affic	In or obout 22C. WHERE DID (If In Boltimare City, give exact bldg., etc.) INJURY OCCUR?	locotian) 26-07				
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour	factory	1025 S. Haven St. (R.C. I	Kirchner Co.)				
OF INJURY	(%)	22F. HOWDID INJURY OCCUR? Hot met	tal being				
(APPROX.) 6-18-69 12:35 P.	m. WHILE AT W	water water	se spiashed by				
I certify that I held an Inquiry	Inspection X Au	tapsy and that an this basis, death In my ap	olnian				
resulted fram: Natural causes	Accident Suicio						
00 0	12-1	CHIEF MEDICAL EXAMINER	DATE SIGNED				
SIGNATURE CLUB	2 Jal M.D	ASSISTANT MEDICAL EXAMINER					
EXAMINER'S Charles S. S. NAME (Type)	pringate, M.D	ASSOCIATE MEDICAL EXAMINER   J	ine 29, 1969				
24A. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, tawn, o	ar caunty) (State)				
Bupial 7/2/69			vland				
25A. DATE REC'DEV REALTH DEPTO 25B. N.	E. Vaiber M.D.		DRESS				
	THEORY MED	Charles A. Rice 661 W.	Ranna St.				

Separati Saninal Calain and the state of t granding a little R. Hayen St. (iv. s. Masternar Alva Secular - resum al vico in

69 6549

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.		MEDIC		AMII TEK 5 K	CERTIFICA	TE OF DEA	REG. NO.		
Type or Print)						nown X Month	Doy	Yeor H	lour
Type of Frint) E	ELVER	LEE	ING	RAM	OF DEATH E	stimoted 🗆 Jur	e 27, 1969		M.
4. PLACE IN BALT					3. DATE	Month	Doy	Yeor H	lour
FULL NAME OF HOSPITAL	(IF NO	T IN HOSPITAL O SS OR LOCATION	R INSTITUTIO N)	N, GIVE STREET	PRONOUNCE	June	27, 1969	1.	11:30 P <sub>M.</sub>
OR INSTITUTION					A. STATE	NCE (Where deceose	B. COUNTY	esidence befo	re odmission)
2029 Bru		In .			9	yland	In manne en	17	03
	7. RACE			NEVER MARRIED	C. CITY OR TOW		D. INSIDE CITY		
Female	Negro		IDOWED		Baltimo		YES	X NO	, 🗆
9. DATE OF BIRTH		10. AGE (In yellost birthdoy)	Month	der 1 Yr. If Under 24 Hrs. is Doys Hours Min.	E. STREET AND				
9-23-09	-					runt St.			
1. BIRTHPLACE (S				TIZEN OF	13. FATHER'S NA				
	th Car			U.D.A.		Tyson			
4A.USUAL OCCUP lone during most of w			KIND OF B	USINESS OR INDUSTR	Y 15. MOTHER'S M	AIDEN NAME			
					KKXX E				
6. WAS DECEASE Yes, no or unknown)				17. SOCIAL SECURITY NO.	IB. INFORMANT		ADI	DRESS	
no					Jo Eth	el Harris	* same*	dat	ughter
19.412	2			CAUSE OF DEA	тн				XIMATE INTERVAL
DISEASE	E OR COND	TION DIRECTLY	,	Urrantonai					
	LEADING TO			(A)IMMEDIATE		ascular di	sease		
		mode of dying, It meons the dis			AS A CONSEQUENC	E OF:			
injury or com	plication which	h coused deoth.)	,						
44	NTECEDENT	CALICEC		(-)					
DISEASES	OR CONDITIO	ONS, IF ANY, GI	VING	DUE TO, OR	AS A CONSEQUEN	CE OF:			
RISE TO THE	ABOVE CAU	JSE (A) STATING	3 THE					724	
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF				(c)		***************************************			
OTHER SIGN		II IDITIONS CONT	PIRITING						
TO THE DEA	TH BUT NOT	RELATED TO THE	TERMINAL						
20A. DATE OF		GIVEN IN PART		VHICH OPERATION W	AS PERFORMED	000070000000000000000000000000000000000		21. AUTOPS	y? (Yes or No)
Ü									
₹ 22Å. EXTERI	VAL CAUSE	WAS	122B P	LACE OF INJURY(e.g.,	in or about 22C M	VHERE DID (If In Bolt	imore City, give exact	location)	No
UNDERLYING	OR CON	TRIB-	home,	form, foctory, street, offic	e bldg., etc.) INJUR	Y OCCUR?	more City, give exoct	roconony	
		oy) (Yeor)	(Hour) 22	E.INJURY OCCURRED	22F. H	OW DID INJURY O	CCUR?		
OF INJURY (APPROX.)		, ()	·	HILE AT NOT	WHILE				
23.			m. W	ORK L AT V	VORK				
	ify that I he	eld on Inqu	iry 🗌	Inspection X Au	topsy on	d that on this bas	is, deoth in my o	pinion	
result	ed fram: N	atural causes	X Ac	cident Suicio	de 🗌 Hamici	de Undete	rmined manner		
The Branch	01	2 0	()	) , ,		MEDICAL EXAMIN	ER 🗌		
ACTUAL	_ ( )	in X	1	The state of		T MEDICAL EXAMIN		DA	TE SIGNED
SIGNATU	ED:C	00-10	2.0	7 M.C		E MEDICAL EXAMIN		( 00	
NAME (T	ype) Char	cles S.	Spring	ate, M.D.	ASSOCIATI	E MEDICAL EXAMIN	ck 🗀	6-28	-69
24A. BURIAL CREM	AATION, 2	4B. DATE	240	NAME of CEMETERY	or CREMATORY	24D. LOCATI	ON (City, town,	or county)	(Stote)
REMOVAL (Specif Burial	γ)	7-1-69		Arbutus N	iem. Park	Balt	o. Md.	-	
25A. DATE REC'D	RV HEAITH			OF REGISTRAR		RAL DIRECTORV		DPESS	
		-	DD. TAMME	7. 0 × 2				Calhor	in St
-	HINI 3 D	1969	يت سيس	values has	rerso	n F.H.	1940 11.	OCCITIO	111 100

A Property of the Contract of

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DIDTH NO		WEDI	CAL	EXAMINERS	CERTIFICATE OF DEATH REG. NO.						
I. NAME OF DEC	CEASED				2. DATE Known Month Doy Yeor Hour						
(Type or Print)			,	COT EMAN	OF SHALE						
. D. A. C.F. INI. D. A.I	CLINTON		J.	COLEMAN	3. DATE Month Doy Yeor Hour						
				ONOUNCED DEAD	PRONOUNCED DEAD						
FULL NAME OF HOSPITAL	ADDRESS	OR LOCAT	ION)	TITUTION, GIVE STREET	June 28, 1969 12:05 A <sub>M</sub>						
OR INSTITUTION				(701)	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY						
Luther	ran Hosp	ital		(DOA)	Maryland /5/0						
6. SEX	7. RACE		B. MARR	IED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Male	Negro		WIDOW								
9. DATE OF BIRT	TH 11	0. AGE (In		If Under 1 Yr. If Under 24							
5-11-49		ost birthdoy	)	Months Doys Hours	Min.						
			20	I CITIZENI OF	3807 Dorchester Rd.						
11. BIRTHPLACE	State or to reign	country)		12. CITIZEN OF WHAT COUNTRY?	13. PATHER 5 NAME						
Maryl	and			U.S.A.	Clinton Coleman Sr.						
14A.USUAL OCCL	JPATION (Give k	ind of work	4B. KIND	OF BUSINESS OR INDU	STRY 15. MOTHER'S MAIDEN NAME						
7 1	oreman	· iii · eiii · eu /			Geneva Tomlin						
16 WAS DECEAS	SED EVER IN U	S. ARMED	FORCES	? 17. SOCIAL	18. INFORMANT ADDRESS						
(Yes, no or unknown	(If yes, give wo	r or dotes o	of service	) SECURITY NO.	9 Geneva Coleman 1732 Wakefield Rd.						
119.				CAUSE OF	APPROXIMATE INTERVAL						
E96	STY			0,1000	BETWEEN ONSET AND DEATH						
DISEAS	SE OR CONDIT	ION DIREC	TLY								
	LEADING TO			(A)IMMEDIA	ATE CAUSE Gunshot wound of chest						
(This does not heart failure	not meon the m e, osthenio, etc. I	ode of dyi	ng, e.g., diseose,	DUE TO,	OR AS A CONSEQUENCE OF:						
Injury or co	mplication which	coused deo	th.)								
	NTECEDENT C	ALICEC		(0)							
	OR CONDITIO		GIVING	DUE TO,	OR AS A CONSEQUENCE OF:						
RISE TO TH	NG CONDITIO	SE (A) STAT	ING THE								
Z	110 COMPINE	ATT LAST.		(c)							
OTHER SIGN TO THE DE DISEASE OF DATE OF THE DESCRIPTION OF THE DESCRIP	III										
OTHER SIGN	NIFICANT CONE	DITIONS CO	NTRIBU THE TERM	TING							
DISEASE O	R CONDITION G	IVEN IN PA	RT 1 (A)	•							
20A. DATE O	F OPERATION	20B. CON	IDITION	FOR WHICH OPERATION	N WAS PERFORMED 21. AUTOPSY? (Yes or No)						
02					Yes						
	RNAL CAUSE W			22B. PLACE OF INJURY	e.g., In or obout 22C. WHERE DID (If in Boltimore City, give exact location)						
	G⊠OR CONTI				office bldg., etc.) INJURY OCCUR?  Ouse 3807 Dorchester Rd. 15/0						
	(Month) (Do		) (Hou								
OF INJURY				,							
1	6-27-69	11:3	32 I	m. WHILE AT WORK	Shot during altercation						
23.			. [		Autopsy 🗓 ond that on this bosis, death In my opinion						
l cer	rtify that I he	ld on Ir	nquiry [		<del></del>						
resu	Ited from: No	turol cou	ses 📙	Accident Su	uicide Homicide W. Undetermined monner						
	1	// (	/	1 / 1	CHIEF MEDICAL EXAMINER DATE SIGNED						
ACTUA SIGN A		LOS	20	" J 341	ASSISTANT MEDICAL EXAMINER K						
EXAMIN					ASSOCIATE MEDICAL EXAMINER ☐ 6-28-69						
NAME		cles S	. Spi	ringate, M.D.							
24A. BURIAL CRE REMOVAL (Spec	EMATION, 24	B. DATE		24C. NAME of CEMET							
Buri		7-1-	69	Arbutus 1	Mem. Park Balto. Md.						
25A. DATE REC'I			25B M	NAME OF REGISTRAR	25C FUNERAL DIRECTOR V. Bay ADDRESS						
	JUN3 (	1000	Pas	Per E. Jaber "	Kelson F.H. 1348 N. Calhoun St.						
VS 151-REV. 1/1/6		7/1	1	1 0 7 1	1 0 0 1 1						

A cettorio . gazte.c. v i augud Margarita . 1.1.

BALTIM	MORE CITY HEALTH DEPARTMENT
1 69 6551 CERT	TIFICATE OF DEATH REG. NO. 69 6554
BIRTH NO.  1. NAME OF DECEASED	
(Type of Panil) MONTGOMERY, ARTH	1) P 2. DATE AND HOUR OF DEATH 6 26 69 1 10:25 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S	
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	R.Of
42 SINAI HOSPITAL	E. STREET AND NUMBER
42 2 1011 MOSK 11 11C	3013 Redgewood ave
5. SEX 6. RACE 7. MARRIED NEVER MA	RRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Mantha! Doys ! Hours ! Min.
17)	PRCED 4-17-28 lost birthday) Manths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY
done during most af working life, even if refired)	
	Usalana U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur Montgomery	Teresa
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) lill yes, give wor or dotes of service) SECURITY	No.
no 218227	834 Lillian Montgomery same
	OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not make the made of duine and (A) IMMI	EDIATE CAUSE Respuedery area menules
heart failure, osthenia, etc. Il means the disease	TO, OR AS A CONSEQUENCE OF:
injury ar camplication which caused death.)	CD 171 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ANTECEDENT CAUSES	SPINAL MENTIGITIS   5 days (!)
DISEASES OR CONDITIONS, if any, giving DUE	10, OR AS A CONSEQUENCE OF:
THE THE CONSTRUCTION OF STREET	
ONDERLING CONDITION TOSL (C)	***************************************
Z OTHER SHOULD AND THE SHOP TH	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OPERATI WAS PERFORMED  21B-BLACE OF INLE  121B-BLACE OF INLE  121B-BLA	
DISEASE OF CONDITION GIVEN IN PART 1 (A).	TON ALTHOUGH IV. N. J. J. O.O.
WAS PERFORMED	110N 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
W 21A. ACCIDENT WAS UNDERLYING	
The state of the s	URY (e.g., in or about 21C. WHERE DID (II in Baltimare City, give exact location) , street, affice bldg., INJURY OCCUR?
DEATH Inaily medical examined etc.)	
21D-TIME (Manth) (Doy) (Year) (Haud) 21E INJURY OCCU	
▼ IAPPROXI  While At   □	Not While
Work	AT WORK LOS
22. I certify that (1) (this hospital) attended the deceased f	The state of the s
that (1) (we) last saw the deceased alive an	and that in (my) (our) opinion death occurred on the date
ond hour and fram the causes stated abave. (1) (We) (did) (d	Its not) view the bady after death.
23A. SIGNATURE	238. DATE SIGNED
Cre delan	Attending Med. Stoff C
23C.PHYSICIAN'S	Phys.   Director   Phys.   Director   Phys.   Director   Director   Phys.   Director
	SINAL HOSPITAL
NAME (Type) ERIC NOTT	
ENIC JUDITS	DEGREE
24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE	DEGREE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE	DEGREE  ERY of CREMATORY  24D. LOCATION (City, town, or county) (Stote)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE Burial 7-1-69 Lit. Aubur	DEGREE  ERY OF CREMATORY  24D. LOCATION (City, town, or county) (Stote)  The Company Balton Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE Burial 7-1-69 Lit. Aubur	DEGREE  ERY OF CREMATORY  24D. LOCATION (City, town, or county) (Stote)  The Company Balton Md.



69 6552 BALTIMORE CITY HEALTH DEPARTMENT

DIE	TH NO. 6	4-050	MED	ICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.		69	655
	NAME OF DEC	CEASED	167			2. DATE	Known 🗌	Month	Doy	Yeo	r Hour	
(Ту	e or Print)	WILMA	T. FIF	ETCHER		OF DEATH	Estimoted		e 27, 1		11:59	) A
4.	PLACE IN BAL				NOUNCED DEAD	3. DATE		Month	Doy	Yeo	-	- M.
FUI	L NAME OF SPITAL INSTITUTION	(IF NO		AL OR INSTIT	UTION, GIVE STREET	PRONOUNCED DEAD June 27,1969 11:59 A.M						
		S HOPK	INS HOS	SPITAL		5. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY Maryland						
6.	Female	7. RACE	gro	8. MARRIE	D NEVER MARRIED	C. CITY OR	imore		D. INSIDE C	ES K	S? NO □	
	DATE OF BIRT		10. AGE (Ir lost birthdo	nyeors	f Under 1 Yr. If Under 24 Hrs Jonths , Doys , Hours , Min		51 N. Cer	ntral A				
	BIRTHPLACE (		gn country)		2. CITIZEN OF WHAT COUNTRY?	13. FATHER						
144	Naryla	INCL IPATION (Given	re kind of work	148. KIND (	OF BUSINESS OR INDUSTI				HeT.			
don	during most of	working life, ev	ven ifretired)				ce E. W					
16	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL	18. INFORM		TTYTIIS	A	DDRESS		-
(Y e	s, no or unknown	(If yes, give	wor or dotes	of service)	SECURITY NO.	Mr.	Wm. L.	Fletc	her 17	701	Applet	on St
	19. E G /	47	19.09		CAUSE OF DE	ATH				.8	APPROXIMATE I	
	DISEAS	SE OR CONE	OITION DIRE	CTLY	36 1 1.1.	1 m						
		LEADING TO			MULCIT	CAUSE Trau	matic In	uries				
	(This does a	not mean the	mode of dy	ing, e.g.,		AS A CONSEQ	UENCE OF:					
	injury or co	heort failure, asthenia, etc. It means the disease, injury or complication which coused death.)										
	ANTECEDENT CAUSES (B)								5 10			
	DISEASES	OR CONDITI	IONS, IF ANY	, GIVING	DUE TO, OI	R AS A CONSE	QUENCE OF:					
		E ABOVE CA		TING THE	(0)							
o					(C)							
ERTIFICATION	TO THE DE	NIFICANT CO ATH BUT NO R CONDITION	T RELATED TO	THE TERMIN			. Que graph day dire gay yan yan ini haip ma ma masha ma da 188 188 188 188					
RT					OR WHICH OPERATION V	VAS PERFORM	AED			21. AL	JTOPSY? (Yes	or No)
뜅	0										yes	
EDICAL	UNDERLYING CA	AUSE OF DE	NTRIB- ATH.	h	2B. PLACE OF INJURY(e.gome, foctory, street, off	ice bldg., etc.) I C	entral Av	re. Sou	th of C		14	101
Σ	OF INJURY					- 1	22F. HOW DID 1					
	(APPROX.) J	une 27	,1969	11:48	WHILE AT NO	WORK XPE	destrian	struck	by tru	ick		
	23.	tify that I h	oold an I	nautru [		utopsy 🔀	and that on				n	
		-					omicide	-				
	resul	Ited from:	Natural cau	ises 🔲 .	Accident A Suic				ned manner			
	ACTUAL	1	/ , ,	1211	1. 11		CHIEF MEDICAL		[ <u>v</u> ]		DATE SIC	SNED
	SIGNAT		unces	NI	lue M	.D. ASSI	STANT MEDICAL	EXAMINER	X	6	/27/69	
	EXAMIN		onold l	NT Vow	nblum,M.D.	ASSC	CIATE MEDICAL	EXAMINER		0,	21/0)	
24	NAME (		24B. DATE	N. KOI	124C. NAME of CEMETER	Y or CREMATO	ORY 24D	LOCATION	(City. tow	vn, or cou	inty) (St	ote)
	MOVAL (Spec		LAU. DAIL	,	250. TEATHE OF GENERAL	. di Gitallia			(0),	_	,	,
<b>_</b>	Burial		7/1/	69	Carver Mem			Laura]		ylan		
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. NA	ME OF REGISTRAR	25C.	FUNERAL DIREC	TOR		ADDRESS		
		HIMS	20 1960	Pale	BE Jaben Kil	Wm	. C. Ma	rch S	28 E.	Nor	th Ave	•
VS	151-REV. 1/1/6	8 0	<del>-U-IOU</del>	7	0 7 0-1	0	5	U				

5/11/64

William . Pleacher

Joyce E. Wilkins

the was le Pletaber 1901 Appleton Lt

nather the plant needs after a

English this less than the total to by

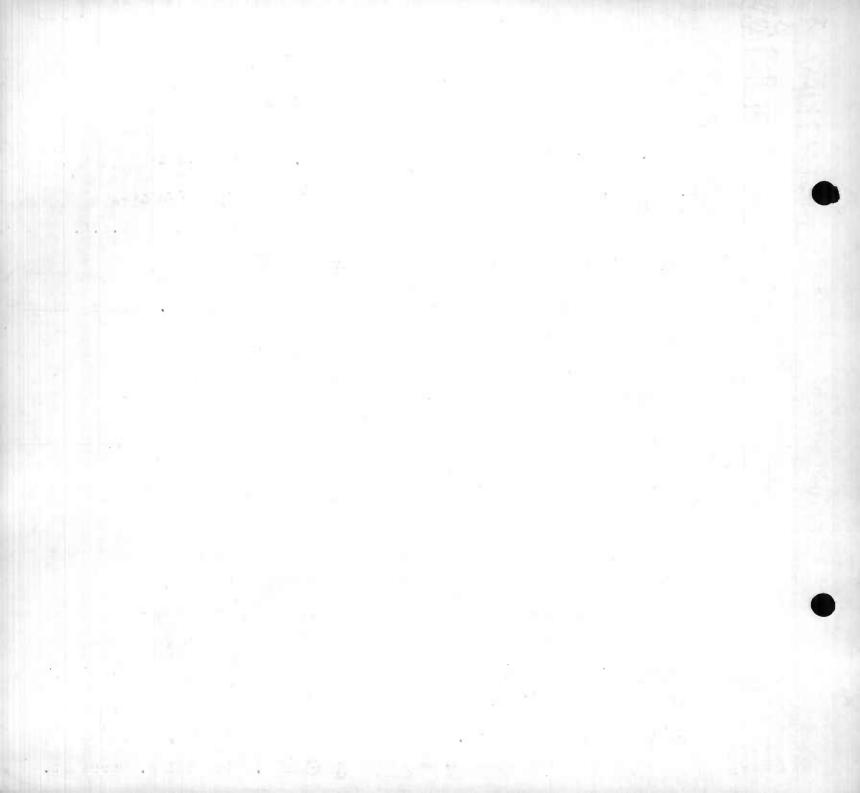
. ovs. fid-to-1 . He ESS | Homes O. Dame | Constant | Destate | Restate | Ave.

		69	6553		TE OF DEATH	REG. NO	69	6553		
- 11	BIRTH NO.  1. NAME OF DECEA (Type or Print)	SED	1/	CLKTITICA		D HOUR OF DEATH		111. 1		
	-	atherin	e N	2 rr/5	JUA. USUAL RESIDENCE IWher	e 27,19	691	11,20 At W.		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				A. STATE B. COUN	TY	stitution: fe	sidence before odmission)		
	FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTIO	N, GIVE STREET	Maryland C. CITY OR TOWN	To talett	DE CITY LI	103		
	INSTITUTION				Baltimore	D. 114311	YES X	мо П		
5	The Joh	ns Hopkins	Hospita	al	E. STREET AND NUMBER					
					914 N. Brad		et			
	Female 6	NACE		NEVER MARRIED		9. AGE (In years lost birthdoy) 57	II Under Months	Doys Hours Min.		
		Negro	WIDOWED	DIVORCED	9/2/11 11. BIRTHPLACE (Stote or force)		120 61717			
	done during most of wo	rking life, even if retired)	live kills of so.	JINESS OR INDUSTRE	Greenville	e n. Cars	Ina Ina	EN OF WHAT COUNTRY?		
	13. FATHER'S NAMI	Hay l	em/		14. MOTHER'S MAIDEN NAM	ME Z				
1	5. Was Deceased E	er in U. S. Armed For	ces?   16.	SOCIAL	17, INFORMANT	cuein		ADDRESS		
	res, no or unknown) (	f yes, give wor or dole	s of service	SECURITY NO.	U	Museum				
	18.// 30	OL I		CAUSE OF DEAT	}	110000		APPROXIMATE INTERVAL		
l		OR CONDITION DI	RECTLY	SUL	arachnoid	110	/ 1°	ETWEEN ONSET AND DEATH		
		MEON TO DEATH	duine en	(A) IMMEDIATE CAU	SE	1 en of M	lage	36 M.		
	heort failure, as	thenio, etc. 11 means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:					
	1 ' ' '	icolion which coused ITECEDENT CAUSES	deom.)	Cole	le aneur	45ms 1		1.50		
		CONDITIONS, if	onv sivins	(B) DUE TO OR AS	A CONSEQUENCE OF:	of W//	45	CIFE		
	rise to the	abave cause (A)			A GONSEGUENCE OF.	<u> </u>				
	UNDERLYING	CONDITION lost.		(c)				***************************************		
	OTHER SIGNIFIC	 ANT CONDITIONS CO	NTRIBUTING				1			
ŀ	TO THE DEATH	BUT NOT RELATED TO THE	HE TERMINAL	************************	***************************************					
	TO THE DEATH DISEASE OR CON 19A-DATE OF O	PERATION 198 CON	DITION FOR WHIC	CH OPERATION	20A-AUTOPSY? (Yes or No	1 208 IF YES, WERE F	INDINGS	EATH?		
	e de la companya della companya della companya de la companya della companya dell	WAS INDEBLYING	1 1030 014	00.00 00.000	YES			NO		
	OR CONTRIBUTE	WAS UNDERLYING NG CAUSE OF edicol exominer)	home, fe	orm, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	clty, give	exact location)		
l	W LOC INITION	Month) (Doy) (Yearl		URY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
	(APPROX.)		While A Work	Not While	• 🗆					
	22. I certify th	22. I certify that (1) (this haspital) attended the deceased from June 26 1969 to June > 7 19 60								
	that (1) (we) lo	that (1) (we) last saw the deceased alive an JUNE 27 19 69 and that In(my) (our) apinion death accurred on the date								
ĺ		and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.								
ĺ	23A. SIGN AT LINE	11/	110	N. D.	* A		23B DATE	SIGNED		
l		ul	doto	DEGREE Phys	nding Med.	Staff Phys.	0	27-69		
	23C. PHTSICHEN	S			23D. ADDRESS			1		
		aul Redsto		M.D. DEGREE	The Johns Hop					
	REMOVAL (Spe	ecify) 248. DATE	24C.NAME	of CEMETERY of CRE	MATORY 24D. LC	CATION (City	y, town, or	countyl (Stote)		
1	Dureal	nine	169 110	Calvar	y com, a	1.4.Ca	unt	y ma		
	25A. DATE REC'D B	. // 1/ //	25E NAME OF R	NA A	25C. FUNERAL DIRECTOR	& a. kan	1/201	ADDRESS		
	/S 150-REV. 1/1/68	JUN 3 0 1969	1 1 Colored C.	Jake KD	a gragewix .	ALLEKEEN 1	14/1	1. allins		



7/2/69 - Correction form from funeral director.

60 0	BALTIMORE CITY	HEALTH DEPARTMENT		69 6555
69 6	555 CERTIFICA	TE OF DEATH	REG. NO	00 0000
BIRTH NO.	CERTITICA			
I.NAME OF DECEASED (Type or Print) Lillie Reyr	nolds	6/28	ND HOUR OF DEATH	14:108
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admissionl
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland C. CITY OR TOWN		SIDE CITY LIMITS?
INSTITUTION O		Baltimore	D. IN	YES NO NO
422 W. Mosher Street		E. STREET AND NUMBER 422 W. Mos	her Stree	t
S. SEX 6. RACE 7. MARR	HED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Vr. II Under 24 Hrs
F. C. WIDOV		4/5/91	1ast birthday)	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fac	eign country)	12. CITIZEN OF WHAT COUNTRY
lone during most of working life, even if retired)		Maryland		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Wash Simms		Ewelyn Gro	SS	
S. Was Deceased Ever in U. S. Armed Farces? Yes,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Mildred Eva	ng 422 W	. Mosher Street
rise la the abave cause (A) stating UNDERLYING CONDITION last.	ving (B) DUE TO OR AS THE (C)	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING C.	
OF INJURY (APPROX.)	While At Not While Work Not Wark			
22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated abave 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	on 6-28-69 e. (I) (We) (did) (did not) v  DEGREE Phys	nding Med.		pinlan death accurred an the day  23B, DATE SIGNED  6/39/69
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	C. NAME of CEMETERY OF CRE	EMATORY 24D.	LOCATION	City, town, or countyl (Stotel
Burial 7/3/69	Mt. Auburn	E	Baltimore,	Maryland
	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
\$ 150-REV. 1/1/6B				



69 6556 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69 6556

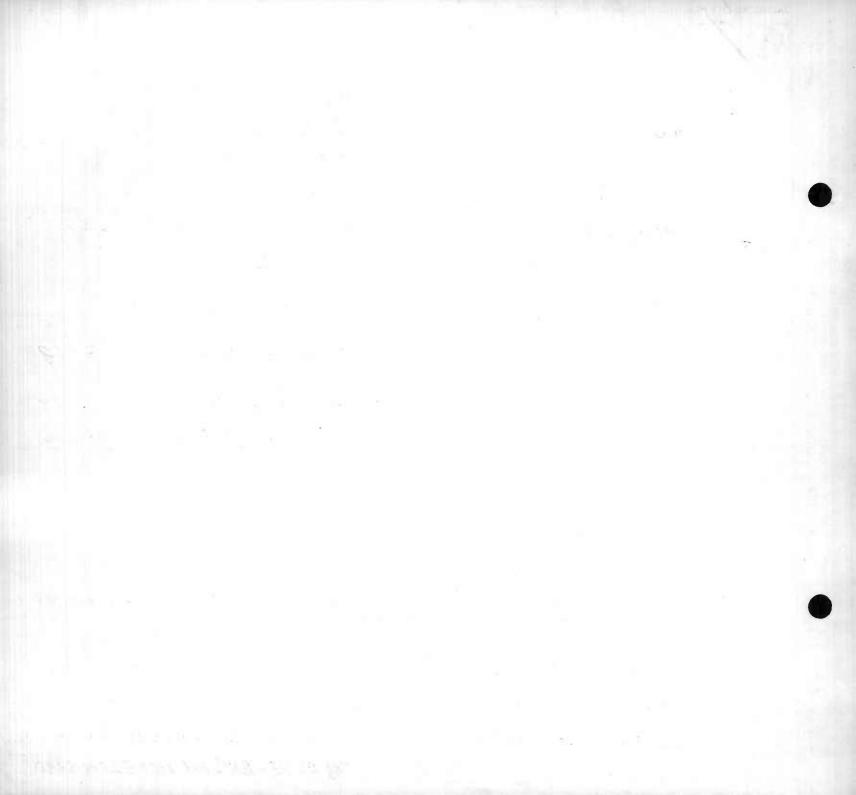
BIRTH NO.	LEKTIFICATE OF DEATH REG. NO.	
1. NAME OF DECEASED	2. DATE Known Month Doy	Yeor Hour
(Type or Print) LEROY ELSLEY	OF DEATH Estimoted   June 27, 1969	9:10 A. <sub>M.</sub>
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD June 27, 1969	9:10 A
HOSPITAL ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceosed lived. If institution: ru	M.
TITICALE AMENDED-1/1/67	A. STATE Maryland B. COUNTY	1101
1029 Ashburton		1606
6. SEX 7. RACE B. MARRIED NEVER MARRIED		LIMI131
Male Nagro WIDOWED DIVORCED	Baltimore yes.	NO U
9. DATE OF BIRTH 03 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	\
5/24/03 66 69	1029 Ashburton	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Md, WHAT COUNTRY?	UM. ELSLEV	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired) H HOSD	HADIE CILES	
16 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT L ADD	RESS , 2
(Yes, no o unknown) (If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT PINDELLADD	HILL
19. CAUSE OF DEA		APPROXIMATE INTERVAL
1 1 de 1 de 1 1		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterios	clerotic Cardiovascular Diseas	e
LEADING TO DEATH (A)IMMEDIATE C	AUSE	
heort follure, osthenio, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS DEDECORMED	21. AUTOPSY? (Yes or No)
O	AS PERFORMED	II. AUTOFSTY (100 0. 110)
		no
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-  22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exoct e bldg., etc.) INJURY OCCUR?	locotion)
UTING CAUSE OF DEATH.  22D. TIME (Month) (Dov) (Year) (Hour) 22E.INJURY OCCURRED		
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(ABBBOY)	WHILE ORK	
23.		
I certify that I held an Inquiry Inspection 🗷 Au	topsy ond that on this basis, death in my op	pinlon
resulted from: Natural causes X Accident Suicia	de 🗌 Homicide 🔲 Undetermined manner 🔲	
	CHIEF MEDICAL EXAMINER	
ACTUAL A A A A A A A A A A A A A A A A A A	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MICHAEL M.D.		6/27/60
EXAMINER'S Ronald N. Vornhlum M.D.	ASSOCIATE MEDICAL EXAMINER	6/27/69
NAME (Type) Ronald N. Kornblum, M.D.  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	or county) (Stote)
PEMOVAL (Specify)		Sal
BURIAL 7/30/69 MT. Cal	sary H. H. Country	· mad
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADE	ORESS
		1 . // /

(1903)

7/1/69 - Birth certificate of deceased - B-35270 shows date of birth: May 27, 1903.

136C

1	69 6	557 CEDTIFICA	HEALTH DEPARTMENT		69 6557
	TH NO.	CERTIFICA	TE OF DEATH	REG. NO.	0007
(Тур	AME OF DECEASED NORFI ROSE	1.	6-1		DAH.
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PR		A. STATE B. COUN		stitution: residence belore admission
IN:	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN BALLIMORE	D. INSI	DE CITY LIMITS?  YES NO
Bo	Lton HILL NORSING HONE		5 N. CHAPE	ist.	
5. 5	111	RIED NEVER MARRIED DIVORCED DIVORCED		ost birthdoy)	If Under 1 Yr. 11 Under 24 Hrs Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B. KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	STMARYS COU		12. CITIZEN OF WHAT COUNTRY
13.	HOUSE WIFE		14. MOTHER'S MAIDEN NAM	N.E.	0,0,1
16	UHK	117.000	ROS E QU	ADF.	420000
(Ye	Nos Deceased Ever in U. S. Armed Forces? ,no or unknown) (II yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.		1400 TORPI .	ADDRESS
_	18. 199. O I	CAUSE OF DEAT		1. 1.0040410	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI
ATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, g rise to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART I (A).	ING NAL	gertersue C	Vdirean	years
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	e City, give exact location)
_	21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated abo	an 6/2		967 ta at in(my) (aur) apli	6/29 1969 nian death accurred an the da
	23A. SIGNATURE	A DEGREE Phy	ending Med.	Shaff Phys.	6/29/69
	ALLAN H. MA	PEHT MO DEGREE	2 F. READ	ST 12	But 11 2/202
244	RIDDIAL ILLETIALYOFA969	MEADOWRIDGE MY	EMORINE PARK	DORSE 4 (W	14SH BLUD) MARKA,
25 A	. DATE REC'D BY HEALTH DEPTH 225B NA	ME OF REGISTRAN	25C, FUNERAL DIRECTOR		DOELOMBARD ST
VS	ISO-REV. 1/1/68				



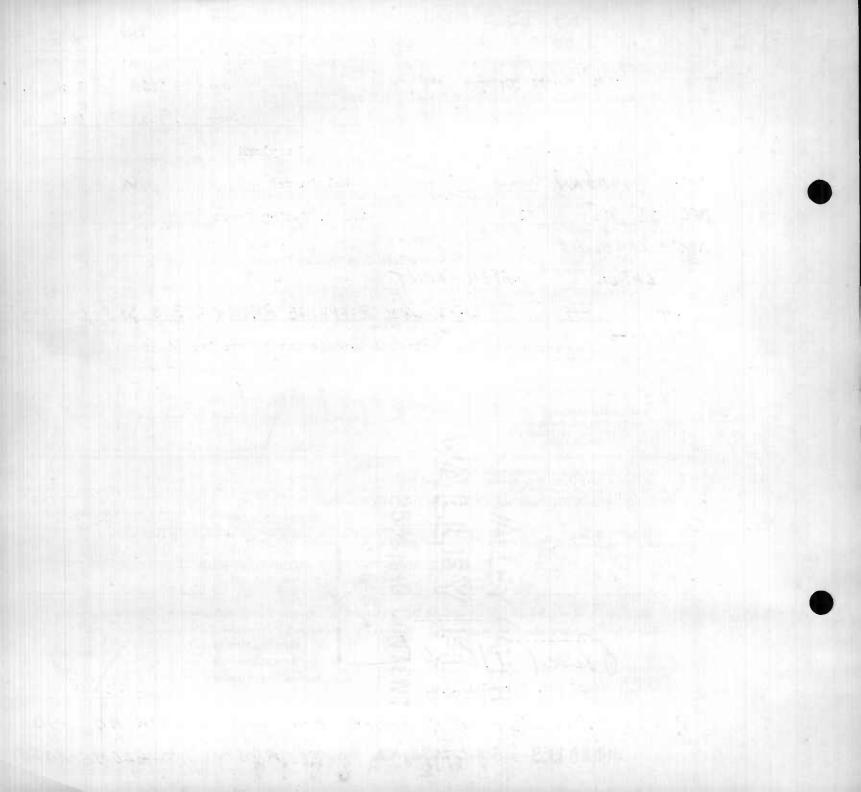
B-650

## 69 6558 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69	6558

BIRTH NO.	REG. NO.					
1. NAME OF DECEASED M.	2. DATE Known Manth Day Year Hour					
(Type or Print) JOHN BROWN JA	OF DEATH Estimated June 29,1969 10:20 A.					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Haur					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	June 29.1969 10:20 Av.					
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 29, 1969 10:20 Av.  5. USUAL RESIDENCE (Where deceased lived. Il institution: residence belare admenssion)					
	A. STATE B. COUNTY					
CHURCH HOME AND HOSPITAL (DOA)	Maryland 50					
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Male INDIAN WIDOWED DIVORCED	Baltimore YES NO NO					
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. II Under 24 Hrs	E. STREET AND NUMBER					
DEC 95 1905 last birthdoy) 63 Manths, Days, Hours, Min.	203 S. Spring Court					
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME					
WHAT COUNTRY?	VNK					
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR						
dane during mast of working lile, even il retired)	1:					
LABOR WATER FRONT	UNK					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (II yes, give war or dates all service)  17. SOCIAL SECURITY NQ.	18. INFORMANT ADDRESS					
100 - 25-20-4820	JOSEPHINE BROWN 203 S SPRING COURT					
19. CAUSE OF DEA						
Antonio						
LEADING TO DEATH	osclerotic Cardiovascular Disease					
(A)IMMEDIATE	CAUSE  AS A CONSEQUENCE OF:					
heart lailure, asthenio, etc. It means the disease,	AS A CONSEQUENCE OF:					
injury ar camplication which coused death.)						
ANTECEDENT CAUSES (B)						
	AS A CONSEQUENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
(C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes ar Na)					
O	THE PERIOR MED					
	no					
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-	, in or about 22C. WHERE DID (If in Baltimore City, give exact lacation) ice bldg., etc.) INJURY OCCUR?					
© UTING □ CAUSE OF DEATH.						
22D. TIME (Manth) (Doy) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
	T WHILE					
23.	WORK					
I certify that I held on Inquiry Inspection X A	utopsy ond that on this basis, death in my opinion					
	ide Homicide Undetermined monner					
resorted from Related Cooses E. Accident E. Sorte	CHIEF MEDICAL EXAMINER					
ACTUAL 1 / 2 / 1//	DATE SIGNED					
SIGNATURE MLES M. M.	D. ASSISTANT MEDICAL EXAMINER LX					
EXAMINER'S Donald N. Kombilem M. D.	ASSOCIATE MEDICAL EXAMINER					
NAME (Type) Ronald N. Kornblum, M.D.	6/30/69					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specily)						
BURIAL JULY 2 1969 HOLY REDEE	MER CEM, 4430 BELAIR RD MO.					
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
JUN30 1969 Robert E. Jarber K.						
001100 1000	- GULLE CONTROL OF TOWN TO THE TOWN TO THE					
VS 151-REV. 1/1/6B	1/					

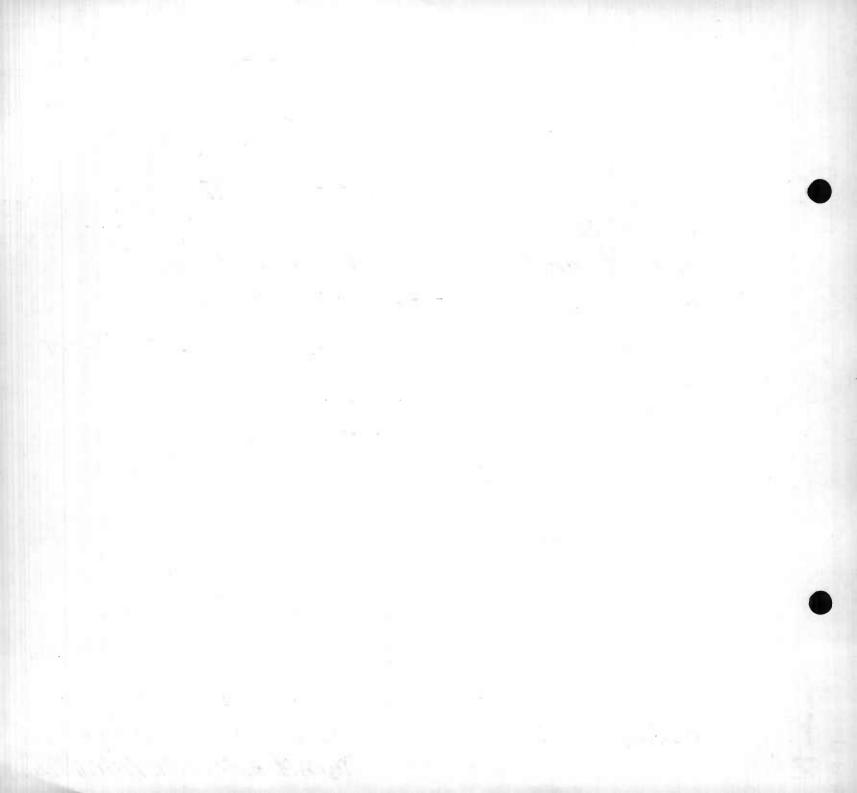


N PORTAN JUNE AL DIRECTOR: KORNBLUM, FUNER BY -MED

VS 150-REV. 1/1/68

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00 0700	BALTIMORE CITY	HEALTH DEPARTMENT	00 0500
69 $6560$	CERTIFICA	TE OF DEATH REG. NO.	69 6560
NAME OF DECEASED Type or Print) AUGUSTA GRAY		2. DATE AND HOUR OF DEAT	II:I5 A
B. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	MARYLAND B. COUNTY	1703
BOLTON HILL NURSING (		BALTIMORE D. IN	VES NO NO
90		E. STREET AND NUMBER TILL MY RTLE AVE.	
SEX 6. RAIGE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	VIDOWED DIVORCED	5-2I-92 lost binder)	Manths Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10 E ine during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY
HOUSE MIFE		GORDONSVILLE, VIRGINIA	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
HARUIG DAVI	5	MARY Nichol	
. Was Deceased Ever in U. S. Armed Farces' es, no ar unknown) (If yes, give war ar dates a	service) SECURITY NO.	17. INFORMANT	ADDRESS
1/1)	217-30-6288	ADMISSION RECORD	
18.	CAUSE OF DEATH	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
heart failure, asthenia, etc. It means the injury at camplication which caused des ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any rise to the above cause (A) statuted by the condition last.	(B)	tenolions gen a consequence of rellets	you
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE T DISEASE OR CONDITION GIVEN IN PART 1 194. DATE OF OPERATION 1198. CONDIT	ERMINAL (A).	I 20 A A A A A A A A A A A A A A A A A A	
19A. DATE OF OPERATION 19B. CONDITI		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i hame, farm, factory, street, at etc.)	n ar about 21C. WHERE DID (If in Baltim ffice bldg., INJURY OCCUR?	nare City, give exact location
21D.TIME (Month) (Day) (Year) (H	lour 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Wark Wark Nat While At Wark		
22 1			110
22. I certify that (I) (this haspital) a	A / CI	4/10 1969 10	6/29 1969
that (i) (we) lost saw the deceased of	live on D/27	196_9and that in(my) (aur) o	pinian death accurred an the da
and hour and from the causes stated	abave. (1) (We) (did) (did not) v	iew the bady after death.	
23A. SIGNATURE	1		23B. DATE SIGNED
08/11	Atte Phys	Med. Staff Phys.	6/30/69
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	7
ALL AN	t). MACHI MD	2. E Feal 87 19	2/10 2/200
AA. BURIAL CREMATION, 248. DATE	24C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, as county) (State)
SA. DATE REC'D BY HEALTH DEPT. 256	NAME OF REGISTRAR	MORIAL AR SULFINE	STRINGTH' MM.
JUN 3 0 1969 72 8	B.E. Faber MD.	Drong / K. G. Cour	of Molnikation
\$ 150-REV. 1/1/68		Manage M. D. Lags	~ / /- / · / / / / / / / / / / / / / / /



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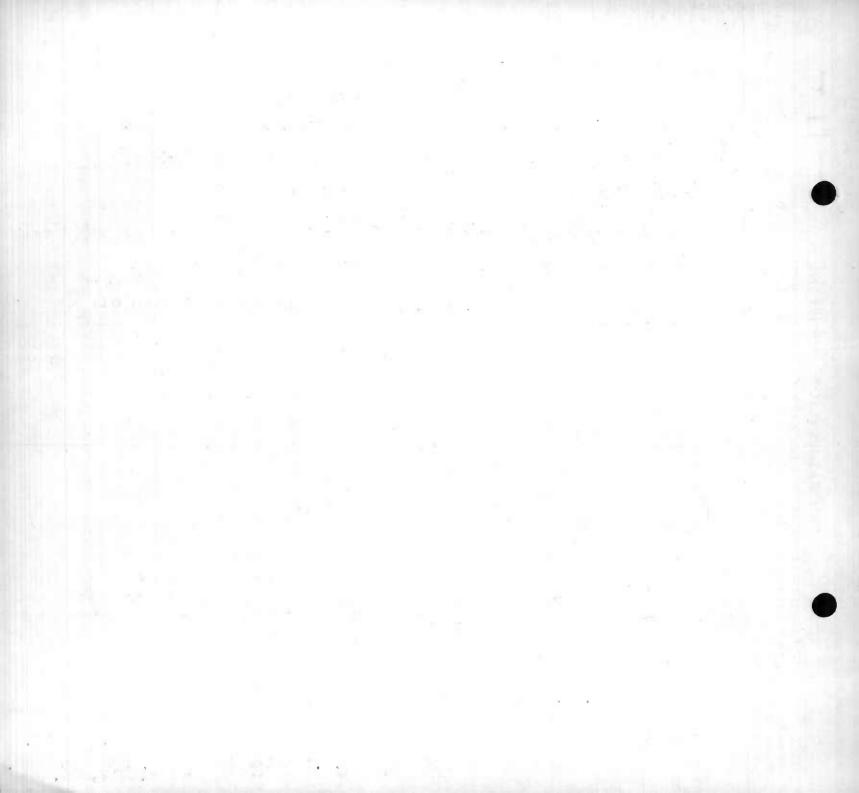
DIRECTOR:

FUNERAL

VS 150-REV, 1/1/68

D. INSIDE CITY LIMITS? YES DE NO If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS HEIN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) and that in (my) ( apinian death accurred an the date 23 B. DATE SIGNED (City, town, or county) (Stote) County, Co, York

BALTIMORE CITY HEALTH DEPARTMENT

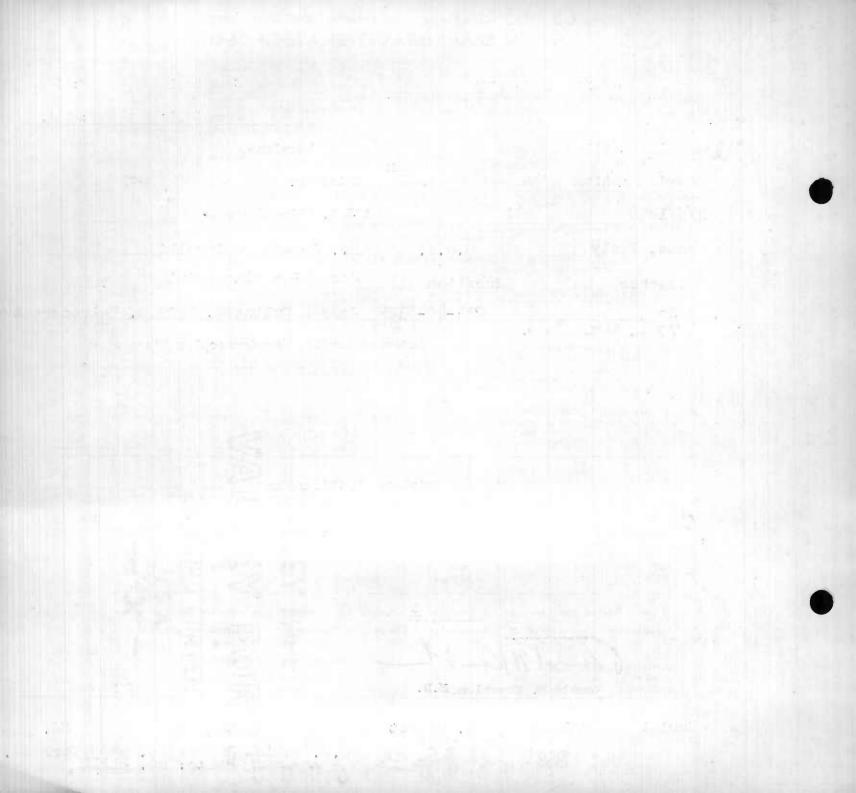


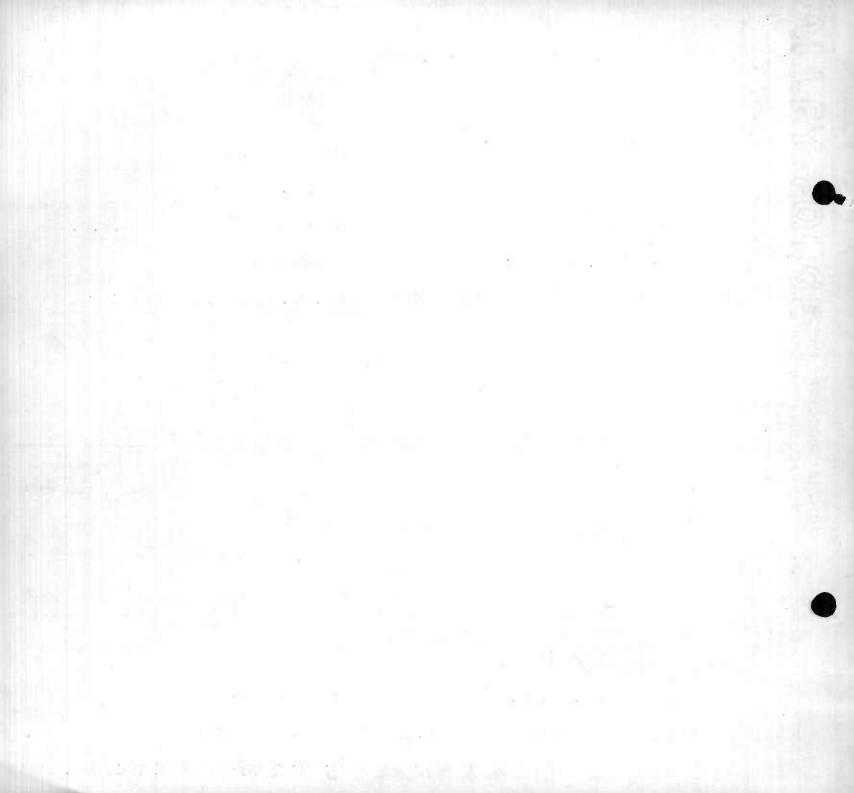
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## 69 6562 BALTIMORE CITY HEALTH DEPARTMENT

69	6562
00	OUG

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Manth Day Year Hour
(Type or Print)  GEORGINA PACIARELIA	OF Tune 20 1060 0.45 A
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD June 29,1969 9:45 A. M.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
137 N. Ellwood Avenue	A. STATE Maryland B. COUNTY 60/
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES ☒ NO ☐
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	
4/5/1898   lost birthday) 71   Manths Days Hours Min.	137 N. Ellwood Avenue
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	
Rome, Italy U.S.A.  14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRE	Dr. Joseph Paciarelli
dane during mast of warking life, even if retired)	
Teacher Education	Josephine Piacentini
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((if yes, give wor ar dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
No 214-40-8325	
19. 412. 414 CAUSE OF DEA	TH BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arter:	iosclerotic Cardiova <b>s</b> cular Disease
LEADING TO DEATH	CAUSE
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL Diabete	es Mellitus
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
ō	no
UNDERLYING OR CONTRIB-	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) in bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT	WHILE
(APPROX.) m. WORK AT V	VORK
	ond that on this basis, death in my opinion
	de Homicide Undetermined manner
Testified floring Robins (2003)	CHIEF MEDICAL EXAMINER
SIGNATURE SURVEY MICCOURT	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.D.	6/30/69
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	
Burial 7/2/69 Mt. Olivet	Baltimore Md.
25A. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS  H W Tonking & Song Co. 1,005 Vomb R
JUL 1 1969 Robert E. Jarber M.D	H.W.Jenkins & Sons Co. 4905 York Re Balto. Md. 21212
VS 1S1-REV. 1/1/68	10322





25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/68

25B. NAME OF REGISTRAR

1969

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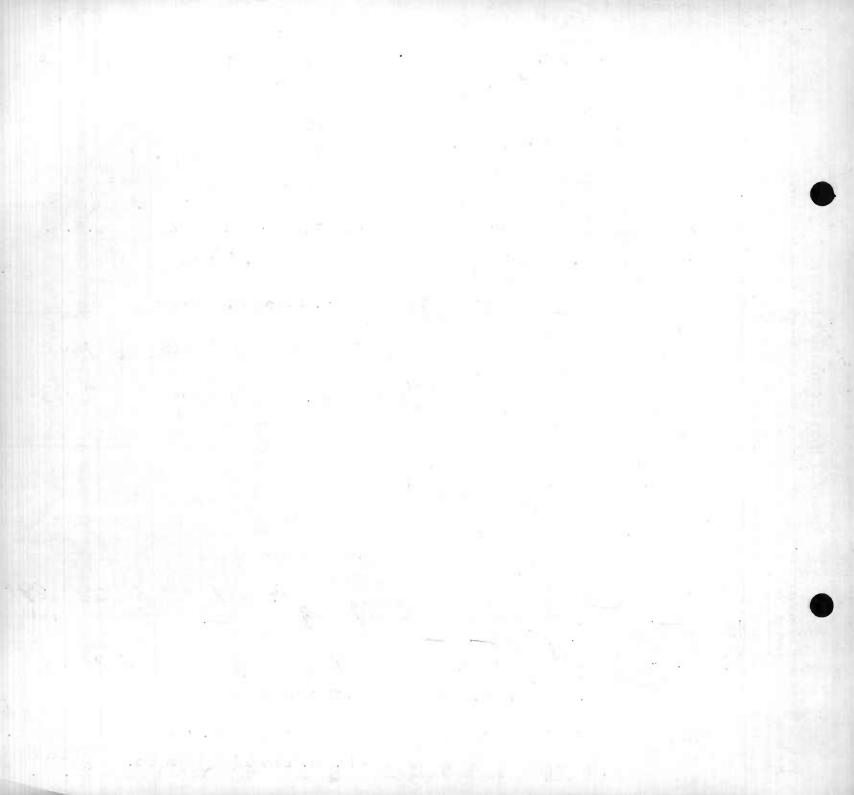
Type of Pri	of Deceased Evelyn E	3. Karch		ND HOUR OF DEATH	600 A
. PLACE	IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Wh		stitution: residence before admissi
ULL NAM	AE OF (IF NOT IN HOSE OR ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET	Maryland		2759
N STITUTIO	OK ADDRESS OF FO	CATION)	c. city or town Baltimore	D. INSI	YES HINTS?
	4407 Loch F	Raven Blvd.	E. STREET AND NUMBER		YES NO NO
00	1107 20011		4407 Loch	Raven Blvd	•
· SEX	6. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8-11-1896	9. AGE (In years lost birthdax)	If Under 1 Yr. If Under 24 Hours Min.
	OCCUPATION (Give kind of w. most of working life, even if retired	ork 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUN
	nemaker	Own Home	Hughsville, F	Pennsylvania	U.S.A.
	Clarence S. W	est	Katherine E		
5. Wos De	eceosed Ever in U. S. Armed F nknown) (If yes, give wor or de	Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		219-54-7886	Mrs. Hazel	K. Barrett	Same
heart	DISEASE OR CONDITION I LEADING TO DEAT daes not meen the made failure, asthenia, etc. II mea at complication which cause ANTECEDENT CAUS	an dyring, e.g., DUE TO, OR AS nos the disease, ed death.)	ANCER-MA A CONSEQUENCE OF: CIN OM A - () A CONSEQUENCE OF:		- 1 yr. 2 yrs.
heart injuly DISEA rise	LEADING TO DEAT daes nat meon the made failure, asthenia, etc. II mea ar complication which cause	to dyring, e.g., nos the disease, ed death.)  ES  (B)  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS	A CONSEQUENCE OF:		- 1 yr. 2 yrs.
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NOOLE OTHER TO THE DISEAS OF TH	LEADING TO DEAT daes not meen the made failure, asthenia, etc. II mea at complication which cause ANTECEDENT CAUSI USES OR CONDITIONS, if to the above cause (A RELYING CONDITION lost.  SIGNIFICANT CONDITIONS OF EDEATH BUT NOT RELATED TO ECOR CONDITION GIVEN IN P ATE OF OPERATION 179B. CO WAS P  CCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF I (notify medical exominer)  ME (Month) (Doy) (Yea URY DX.)  certify that (I) (this hospit I) (we) lost sow the deceo	The treminal control of the terminal control of the te	20A. AUTORSY? (Yes or Note bidg., INJURY OCCUR?  21F. HOW DID IN the bidg. Of the bidg. On the b	OUARY  No) 208. IF YES, WERE IN CERTIFYING CA  (If In Boltimor  NJURY OCCUR?  19 68 to	FINDINGS CONSIDERED USES OF DEATH?  The City, give exect location  196  196  1238. DATE SIGNED
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25C. FUNERAL DIRECTOR

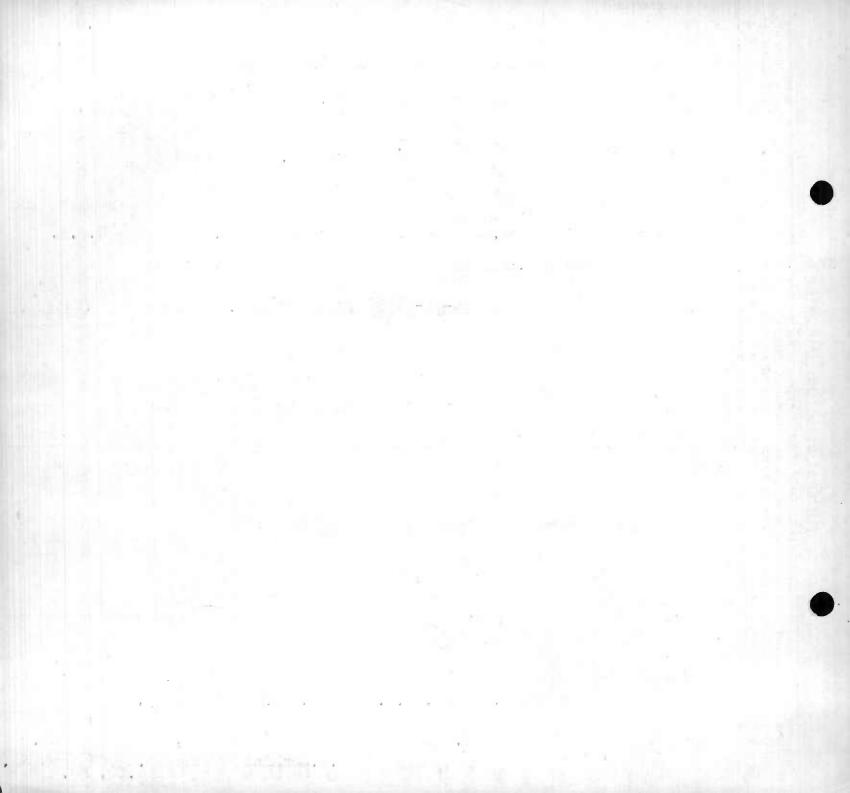
& Sons

Co. Road

ADDRESS 21212 Balto, Md.

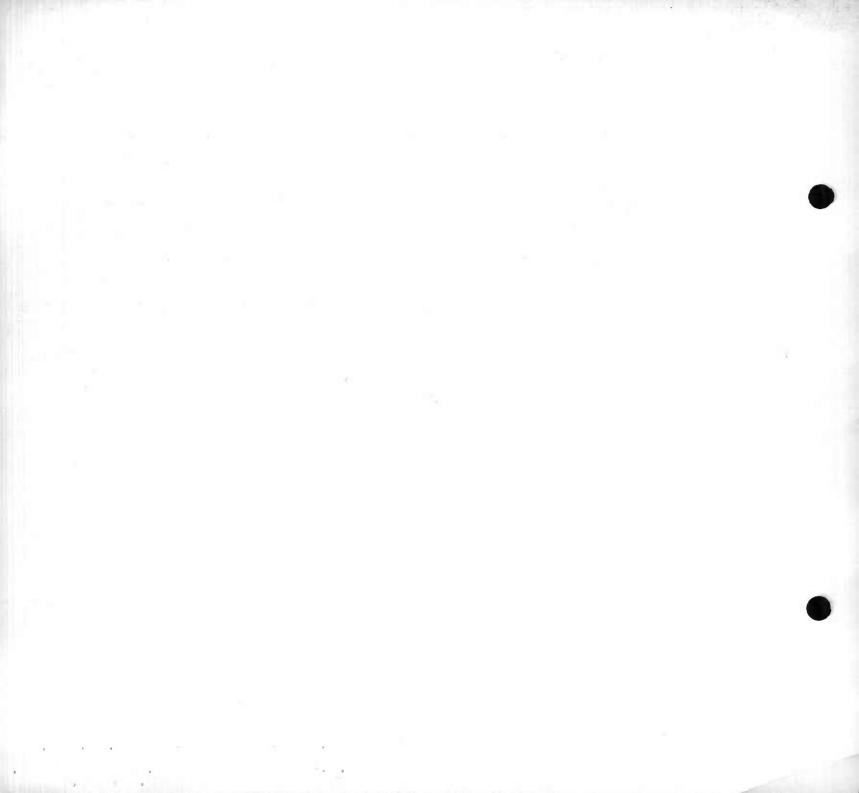


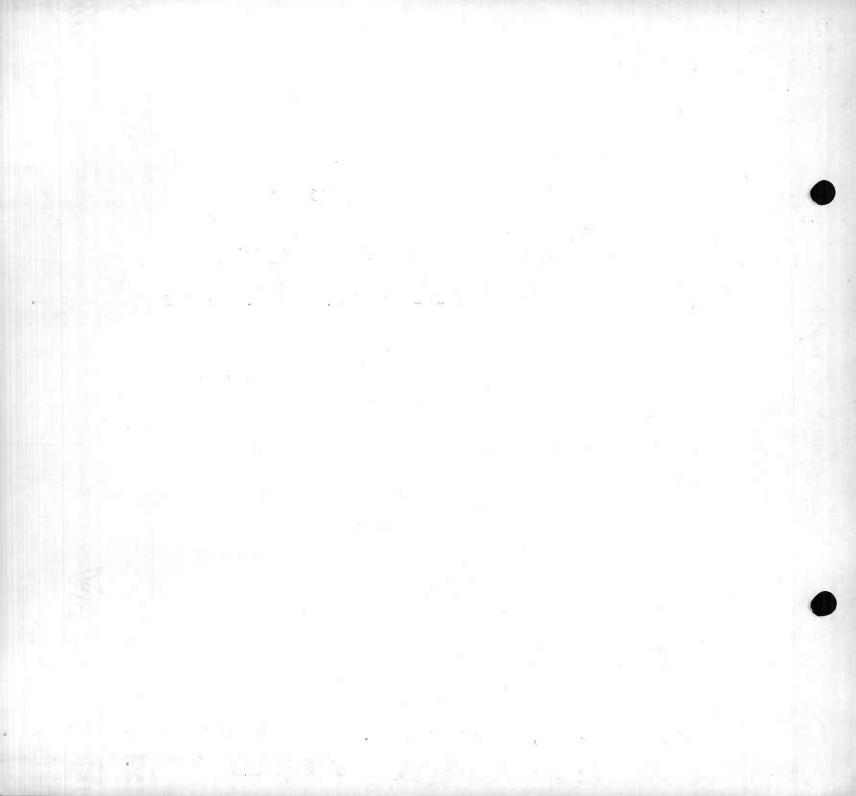
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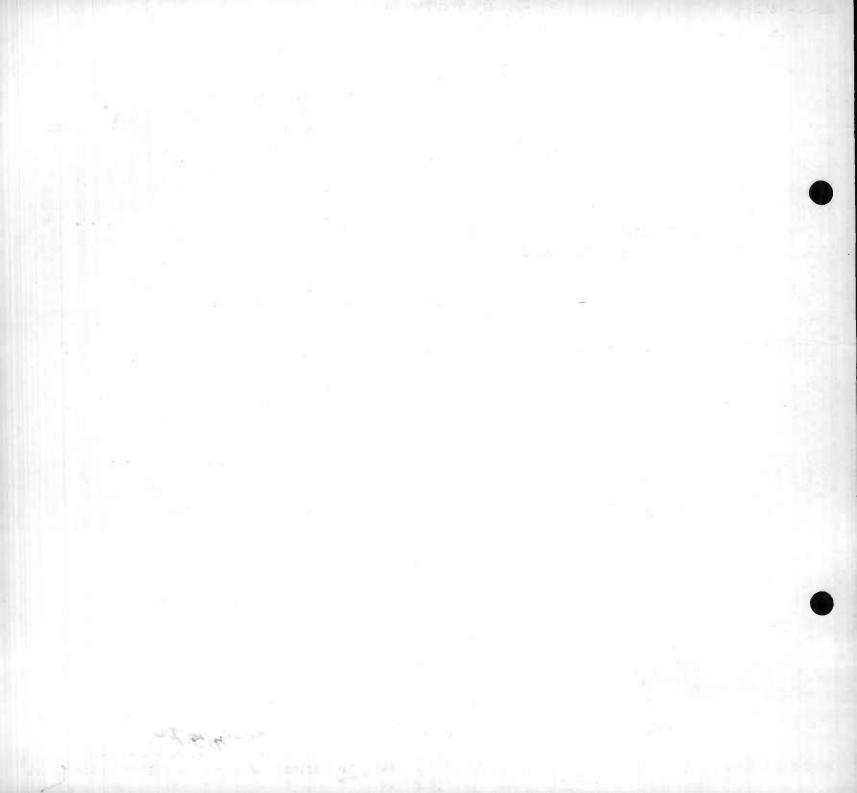


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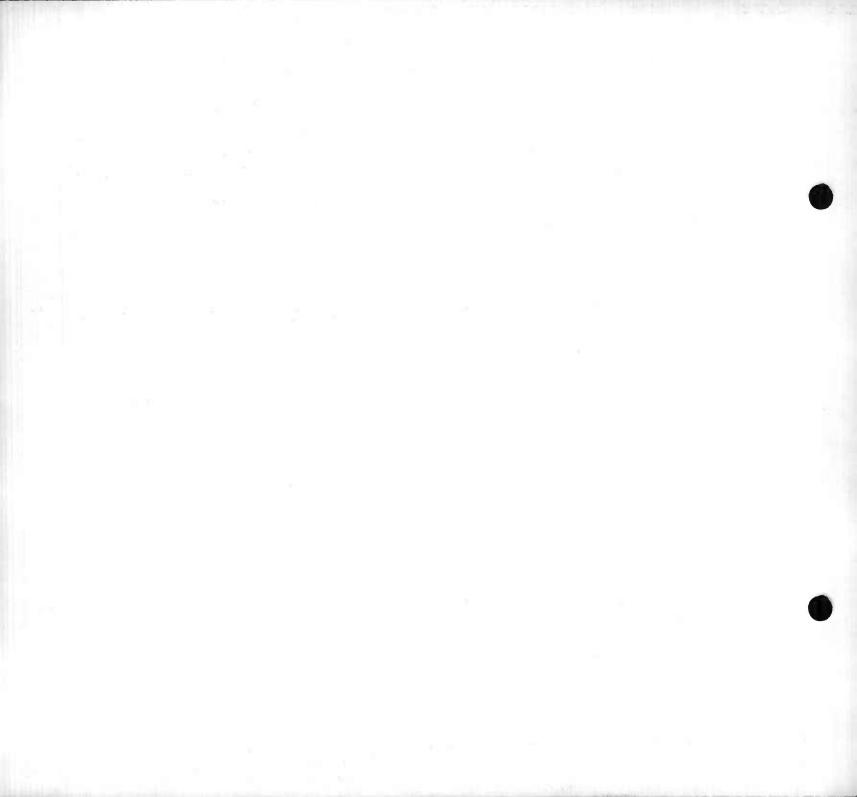
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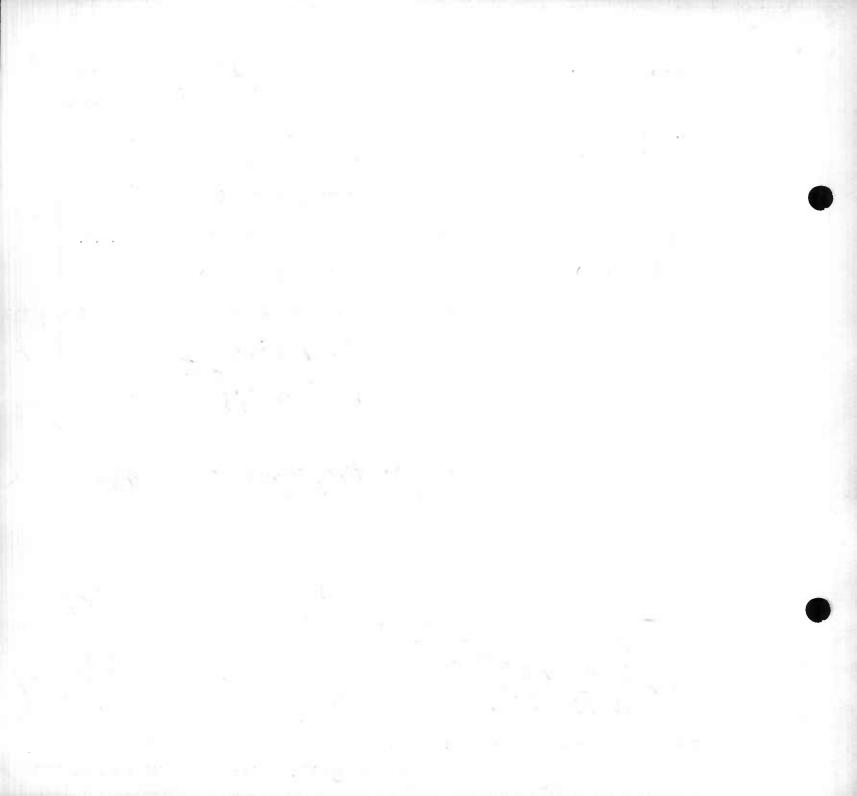


VS 150-REV. 1/1/68



543	69 6570 BALTIMORE CITY HEALTH	DEPARTMENT REG. NO. 69 6570
s a th	BIRTH NO. CERTIFICATE C	PF DEATH
f deat ecease on th	Smaltz, Andrew R.	2 DATE AND HOUR OF DEATH 6/17/69 1 HOSP
G 0 0 0 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUZ	AL RESIDENCE (Whole deceoped lived of institution: residence before admission)
hos tuse ty (5) dan dan	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MO	
use;	St. Agnes Hospital	Baltimore YES X NO
- g g g c	The state of the s	ET AND NUMBER
buti ned olar d pr ade.		2 Griffis Ave OF BIRTH   7. AGE (In years
occur ontrik ermin regul eased is ma	M WIDOWED DIVORCED ST	5/14/ 1901 lost birthdoy Months Doys Hours Min.
th co lete in r	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTH done during most of working life, even if refired)	PLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY?
irect or c (4) Under was in the dec	Retired Guard Globe Security Agency	West Virginia U.S.A.
wa wa	13. FATHER'S NAME	HER'S MAIDEN NAME
dis	(Unknown) Smaltz	Ada (Unknown)
istant he di kind; death ce on nal di	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	RMANT ADDRESS
SE A SE	Yes W W I 235-12-1040 Mrs.	Eliza E. Smaltz, 1932 Griffis Ave. 21230
lso, if of any of any ounced thenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MONTHER CITES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MENTHER ONSET AND DEATH
er. Alector	(This does not mean the mode of dying, e.g., heart tailure, asthenia, etc. Il means the disease, injury ar complication which caused death.)	DUENCE OF:
fra fra	ANTECEDENT CAUSES	1Sclerosis Julialished 545.
exan (3) A an wh in re	DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	QUENCE OF:
medical horns; burns; ohysici an was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	rythmia RHBudEBADACH Black
chief y a n Body the p the p	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	LUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ital by e; (2) rhere No ph befor	OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, office bldg., etc.)	21 C. WHERE DID (II In Baltimore City, give exoct location) INJURY OCCUR?
roved by natural y natural xcept v natural (6) btained	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED  While AI Work  At Work	17/6 (//2/
	22. I certify that (1) (this hospital) attended the deceased from	1/6 /19 ta 6/0 //6 /19
app to the of an of an of an (e. h); colored	that (1) (maximum last saw the deceased alive an	and that in(my) (our) apinian death accurred on the date
dent of dent of ospital death)	and hour and fram the causes stated abave. (1) (We) (did) (did) view the E	
must eleas ccide a hos to da	Attending Phys.	Med. Director Phys. Director D
certificate must be sody was released 7s: (1) An accident of D.O.A. at a hospite ased prior to deatl	23C. PHOSICIAN'S NAME (Type) VE MC GYE #6 23D. ADDR	
A d d d d d d d d d d d d d d d d d d d	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY	24D. LOCATION / ACity, town, for county! (Stotel
ws: (ws: 0.0	Burial 7-1-1969 Baltimore National Ce	metery Baltimore, Maryland
This certhe bod shows: ( was D.C decease	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. F	UNERAL DIRECTOR ADDRESS
11		ard H. Hubbard, 4107 Wilkens Ave. 21229
,	VS 150-REV. 1/1/68	

FUNERAL DIRECTOR: IMPORTANT

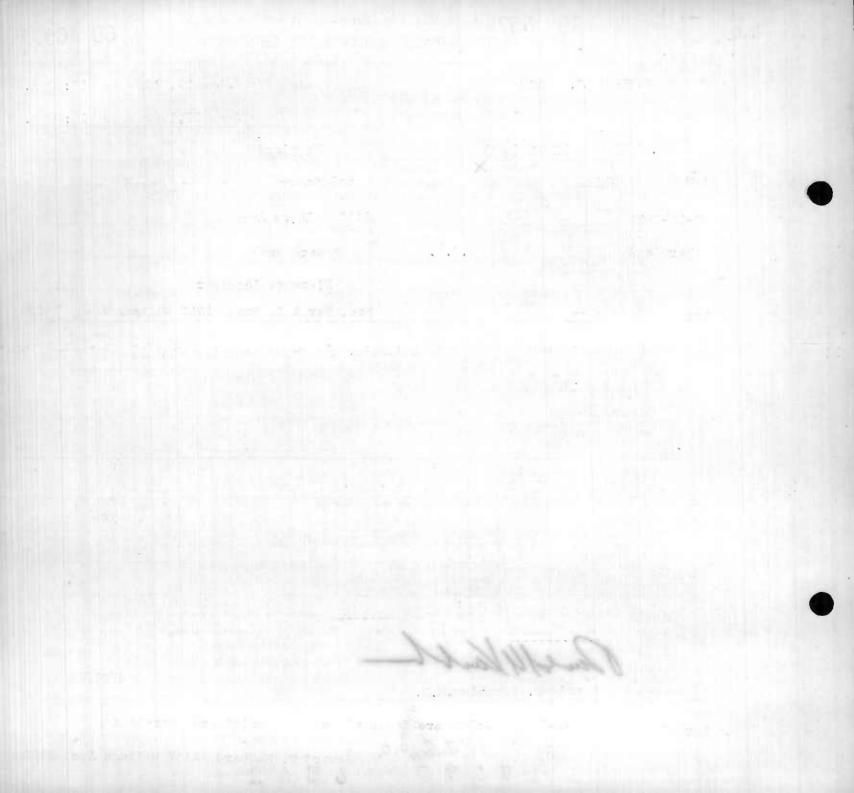


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69 6571 BALTIMORE CITY HEALTH DEPARTMENT

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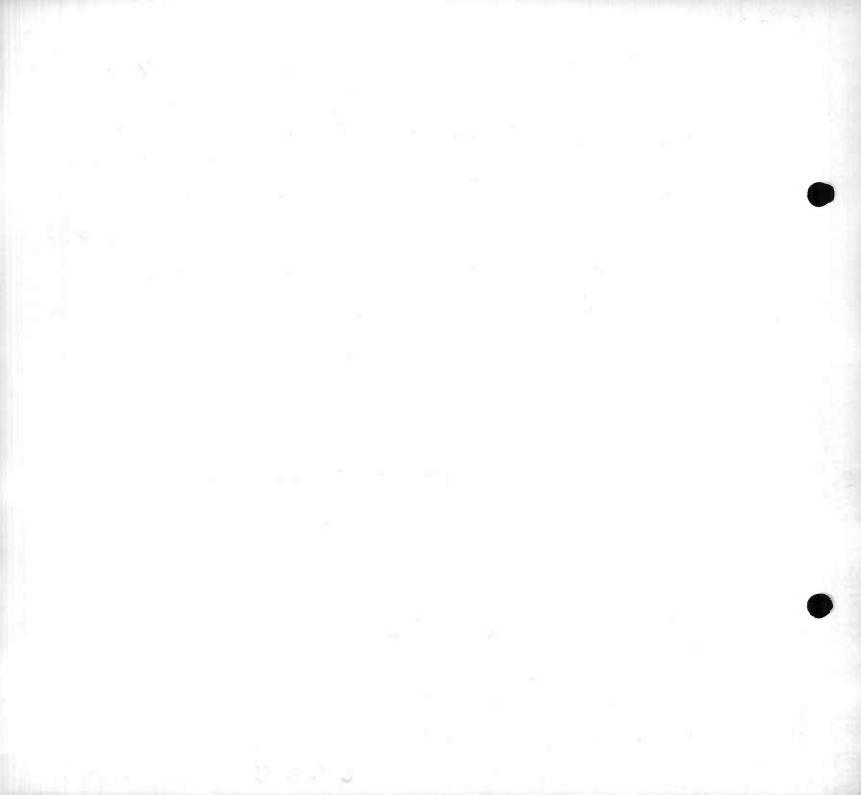
BIRTH NO.		MED	ICAL E	EXAMINER'S	CERTIF	ICATI	E OF	DEAT	H	. NO	00	00/1
1. NAME OF DEC	CEASED OBERT	J. NA	SH		2. DATE OF DEATH	C-41	n 🗆	Month Jur	ne 27	, 1969	feor Hour	:00 A <sub>M</sub>
4. PLACE IN BAI	TIMORE, MA	RYLAND, W	HERE PROP	NOUNCED DEAD	3. DATE			Month	Do	-	eor Hour	
FULL NAME OF HOSPITAL	(IF NO	T IN HOSPITA	L OR INSTITU	TION, GIVE STREET	PRON	OUNCED [	DEAD	June	27,	1969	10	:00 Am.
OR INSTITUTION	AGNES I			,	5. USUAL A. STATE		E (Whe		ived. If in B. COL		dence before o	odmission)
6. SEX	7. RACE	1001 111		NEVER MARRIED	C. CITY C	OR TOWN	Tarre		D. INS	IDE CITY LIN	AITS?	
Male	Whit	- 0	WIDOWED			1timon	re e			YES X	Г	1
9. DATE OF BIRT		10. AGE (In	yeors If	Under 1 Yr. If Under 24 Hrs.	11	AND NU			٠	YES LA	NO L	
2 2/ 10	21	lost birthdo	48 M	onths; Doys; Hours; Min.	2222	Wilke	ne A	7709110				
3-24-19:		n country)		CITIZEN OF		R'S NAME		venue				
Maryla	n d			WHAT COUNTRY?		Uorra wd	Mac	h				
14A.USUAL OCCL	PATION (Giv		14B. KIND O	F BUSINESS OR INDUSTR	15. MOTH	Howard HER'S MAIL	DEN NA	ME				
done during most of	working lile, ev	en itretired)				Flore	nce	Langlo	t z			
16. WAS DECEAS				17. SOCIAL	18. INFO	RMANT	Hee	Langio	<u> </u>	ADDRE	SS	
(Yes, no or unknown Yes	W W		of service)	SECURITY NO.	Mrs.	Bery1	L.	Nash,	2222	Wilken	s Ave.	21223
19. 11	0.4.			CAUSE OF DEA	тн							ATE INTERVAL
DISEAS	E OR COND	ITION DIREC	TIV	Artorio	101000	+						
DISEAS	LEADING TO			Arterios		LIC Ga	raic	vascul	ar D	isease		
(This does n	not mean the e, asthenio, etc	mode of dy	ing, e.g., disease,	DUE TO, OR		EQUENCE	)F:		**********			
injury or cor	mplication whi	ch coused dec	oth.)									
Δ	NTECEDENT	CAUSES		(0)								
DISEASES	OR CONDITI	ONS, IF ANY	, GIVING	(8) DUE TO, OR	AS A CON	SEQUENCE	OF:					
UNDERLYII	E ABOVE CA	ION LAST.	IING IHE	(c)								
<u>Ó</u>		11		(6/2000000000000000000000000000000000000	4-4-4-4	********						
O THE DE	NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	THE TERMINA									
20A. DATE O				R WHICH OPERATION W	AS PERFO	RMED				21.	AUTOPSY? (	Yes or No)
5 2											yes	
Z2A. EXTER	NAL CAUSE	WAS		PLACE OF INJURY(e.g.,					ore City,	give exoct loca	otion)	
UNDERLYING UTING CA			hor	ne, form, foctory, street, offic	e bldg., etc.	INJURY	OCCUR?					
≥ 22D. TIME		oy) (Yeor	) (Hour)	22E.INJURY OCCURRED		22F. HOV	V DID II	NJURY OCC	UR?			
OF INJURY (APPROX.)				WHILE AT NOT WORK AT V	WHILE							
23.			m.	WORK AIV	VORK							
I cer	tify that I h	eld on I	nquiry 🗌	Inspection Au	tapsy X	and t	hat an	this basis	, death	In my opin	ion	
resul	ted from: N	latural cau	ses X	Accident Swici	de 🗌	Homicide		Undeterm	ined mo	onner 🗌		
	7	7	11.	1/1/		CHIEF M	EDICAL	EXAMINER				CHONIED
ACTUAL	11 1	and	1111	fuel -	AS	SISTANT N	MEDICAL	EXAMINER	X		DATE	SIGNED
SIGNAT		200	14/	M.L	).			EXAMINER			6/27/69	9
NAME (		onald :	N. Kori	nblum, M.D.								
24A. BURIAL CRE	MATION, 2	24B. DATE		24C. NAME of CEMETERY	ar CREMA	TORY	240	LOCATION	V (Ci	ity, town, or o	ounty)	(Stote)
REMOVAL (Spec	117)	7-1-1	969	Baltimore Nat	ional	Cem.	1	Baltimo	re,	Maryla	nd	
Burial 25A. DATE REC'D	BY HEALTH	DEPT.	259 NAA	AE OF REGISTRAR	250	. FUNERA		16.		ADDRE		
	JUL 1	1969	Jabe	& E. Jaber, M. I	Нс	ward I	H. H	ubbard	410	7 Wilk	ens Ave	2122
VS 151-REV. 1/1/6	8		1 7	0 7 0		) 5	0	4.0				



VS 150-REV. 1/1/68

REG. NO	69	6572
REG. NO	69	5577

BIRTH NO. 69 6572 CERTIFICA	TE OF DEATH REG. NO. DS DO 16
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
TANNIE WOODSON	28 JUNE 1968 6 41 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
128 mai Hospital of Baltimen.	Baltimoke YES (NO) NO
13/201 /101/21 of 2011	E. STREET AND NUMBER
	634 N. Gilmoxes + 21233
5. SEX 4 emole Negro 7. MARRIED NIEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (in years last birthday)  12/25-09  19. AGE (in years Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
done during most af working life, even if retired)	Veranua 11-11
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James (lives	Jenne (lugers
15. Was/Deceased Ever in U. S. Armed Forces? (Yes, no/or unknown) (If yes, give wor or doles of service)  SECURITY NO.	17. INFORMANT ADDRESS
No Pay	Course Windlan - land
18. 2 7 / CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH  (This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAUSE (Seines 'S Circulas IS	
heort lailure, asthenia, etc. Il means the diseose, injury ar camplication which coused death.)	
ANTECEDENT CAUSES	
(B)	A CONSEQUENCE OF:
rise to the above cause (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	6 / / . 77
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Encepholopathy
19A-DATE OF OPERATION WAS PERFORMED WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If In Boltimore City, give exact location)
DEATH (notify medical examiner)	
OF INJURY (Maniful (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While AI Not While At Work	
22. I certify that (this hospital) attended the deceased from	0 JUNE 1969 to 28 JUNE 1969
that ((we) last sow the deceased office on 28 Juni E	19 69 and that Interf (our) opinion death occurred on the date
and hour and fram the causes stated above. (We) (did)	lew the body ofter deoth.
23A. SIGNATURE	23B, DATE SIGNED
DECISE Phys	anding Med. Stoff Phys. D 28 June 1869
23C-PHYSICIAN'S 23D. ADDRESS 23D. ADDRESS	
MORKIE OSTROFF, MD	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (57gle)	
25A, DATE REC'D BY HEALTH DEPT. 125R. NAME OF REGISTRAR	Dut Lululus The
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	



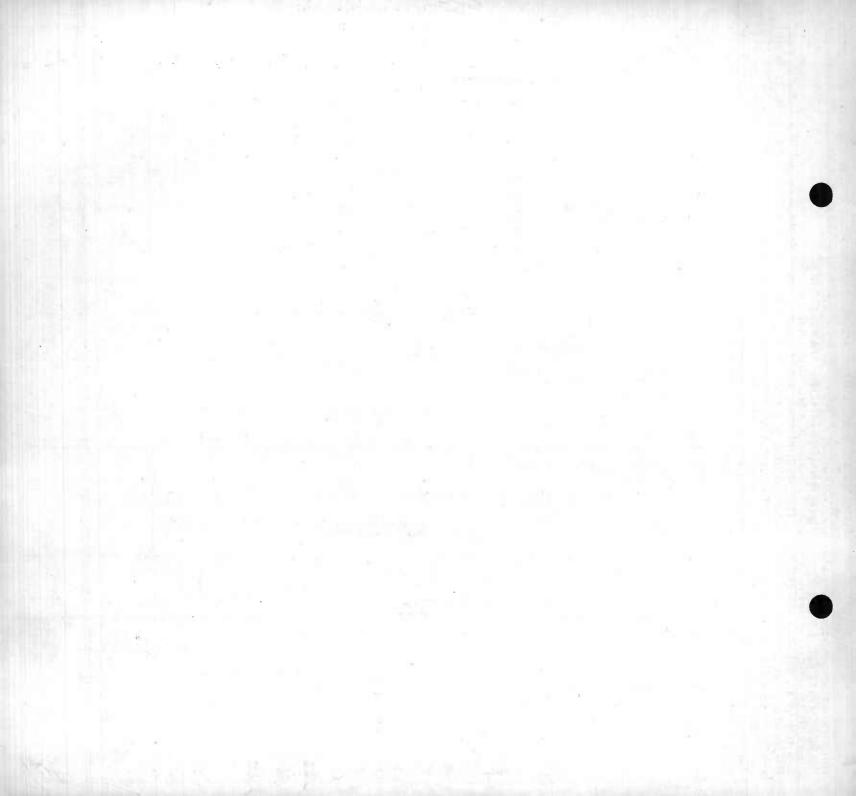
IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. 2. DATE AND HOUR OF DEATH (If outside city limits, write RURAL and give township) ARLEM If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? MOORE FRANCES ADDRESS MASHINGTON INTERVAL BETWEEN ONSET AND DEATH 20A. AUTO SY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) ond that In(my) Cour) opinion death occurred on the date 38. DATE SIGNED ADDRESS VS 150-REV. 1/1/65



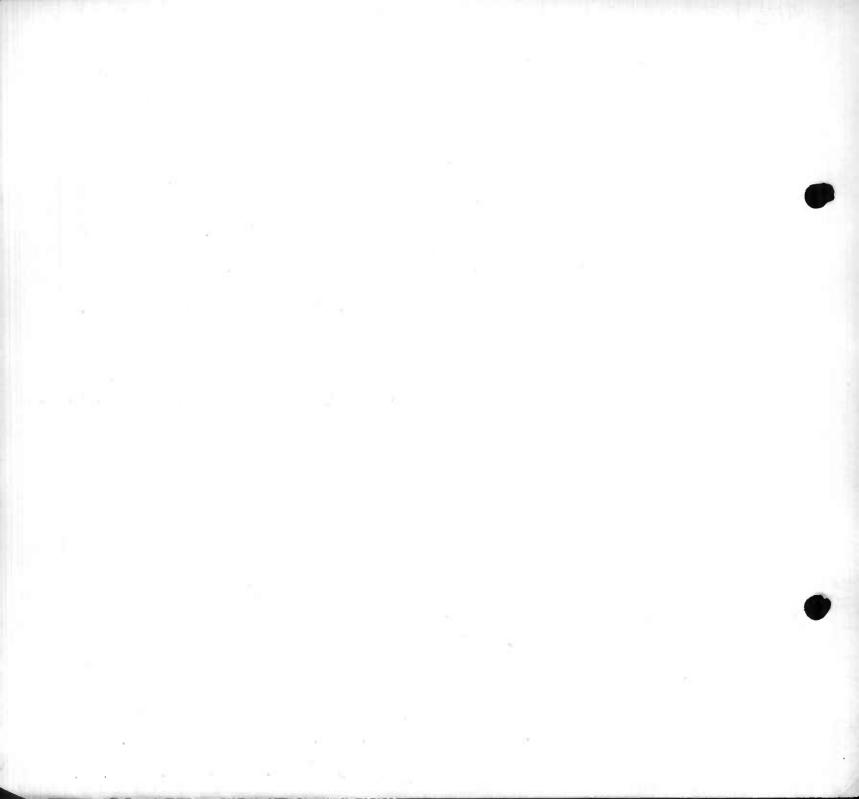
VS 150-REV. 1/1/68

	0.0	OFF	BALTIMORE CITY	HEALT	H DEPARTMENT			0 = 10 4	
DIE	69	60	74 CERTIFICA	TEC	OF DEATH	REG. NO	69	65/4	
	RTH NO.					D HOUR OF DEATH	1	7	
(Ty	pe or Print)	TVSA	41	June 27, 1969 6:32 AM					
3.	PLACE IN BALTIMORE, MARYLAND, W	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					nstitution: resi	dence before admission)	
FU	ILL NAME OF (IF NOT IN HOSPIT. DSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	A. STA	ARYLAN	10	8	04	
IN	STITUTION			1	BALTO.	D. INS	YES Y	NO 🗌	
10	MELChor NU	RSIN	19/	E. STRI	15 E. HO	FFMAN	54.		
5.	SEX 6. RACE	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE	0F BIRTHX 14-21	ost birthdoy) 49	If Under 1 Months D	Yr. If Under 24 Hrs. Poys Hours Min.	
	LUSUAL OCCUPATION (Give kind of work			11. BIRT	HPLACE (State or lorein	gn country)	12. CITIZE	N OF WHAT COUNTRY?	
dot	ne during most of working life, even if retired)	HOUSE	WIFE	m	apri ani		111	,5	
13.	FATHER'S NAME X	7.000	WIFE	14. MO	THER'S MAIDEN NAM	AE A		, ,	
1	-1 amos CP-a	/	w + "	1	TYPE				
15.	Wos Deceosed Ever in U. S. Armed For	cos?	1 6. SOCIAL	17. INFO	PRMANT	n	A	DDRESS	
(Ye	s,no or unknown) (If yes, give wor or dote	s of service)	SECURITY NO. X	-			91-		
	NO		214-14-1131	EU	GENE 183	son d.	315 Ho	FFMAN ST.	
	18. / 5 /- / I		CAUSE OF DEATI	H		*	BET	TWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIF	RECTLY	Carcin		of Recl	vin		E MIND OF A	
	(This daes nal mean the mode of				QUENCE OF:			5 years	
	heori failure, asthenia, etc. Il meons injury ar camplication which caused							V	
	ANTECEDENT CAUSES				Take .		1		
	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:								
	Tise to the above cause (A) stating the								
	CHECKETHO CONDITION TOST.		(C)		***************************************				
NO.	OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING							
ATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	,======================================						
ERTIFIC	19A. DATE OF OPERATION 198. CON WAS PERF	DITION FOR V	WHICH OPERATION	20 A.	AUTOPSY? Wes of No.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS C	ONSIDERED ATH?	
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		PLACE OF INJURY (e.g., in the, form, foctory, street, of the property of the p	n or obou fice bldg.	121C. WHERE DID INJURY OCCUR?	(II in Baltimo	re City, give	exact lacotian)	
	21 D. TIME (Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED		21F. HOW DID INJU	JRY OCCUR?			
2	(APPROX.)	Whi	ile At Not While	e $\square$					
	22. I certify that (I) (this hospital			Ju-	2 3 1	969 10	Janp.	27 1969	
	that (I) (we) last saw the decease		June 26	19	10		inian death	accurred an the date	
	and haur and from the causes stat	ed above. (I	l) (We) (did) (did nat) v	iew the	bady after death.				
	23A. SIGNATURE		na	- J'	/ " -	C. 11	238. PATE	SIGNED	
	Loy // Lyn	men	GEGREE Phys		Director 🗀	Staff Phys.	121	169	
	23 CPHYSICIAN'S NAME (Type)	imme;	rman M.D.	3×0-	A1 0 0	1 Rellin	ore 1	Yd.	
24/	A. BURIAL CREMATION 248. DATE	24C. N	AME of CEMETERY of CRE	MATOR	24D. LC	CATION (C	ity, town, or	younty) (Stotel	
	SUNGO 7-1-1	19 m	noto mit	-(h	and I	But	m.C		
25/	A. DATE REC'D BY HEALTH DEPT.	SB. NAME C	OF REGISTRAR	2SC.	FUNERAL DIRECTOR	men j	>	ADDRESS	
	JUL 1 1969	Waser &	CE, Marcha, Mid.	0 8	Estar 8	P.21/	Pran-	2/11.	



IMPORTANT

FUNERAL DIRECTOR:



VS 150-REV. 1/1/6B

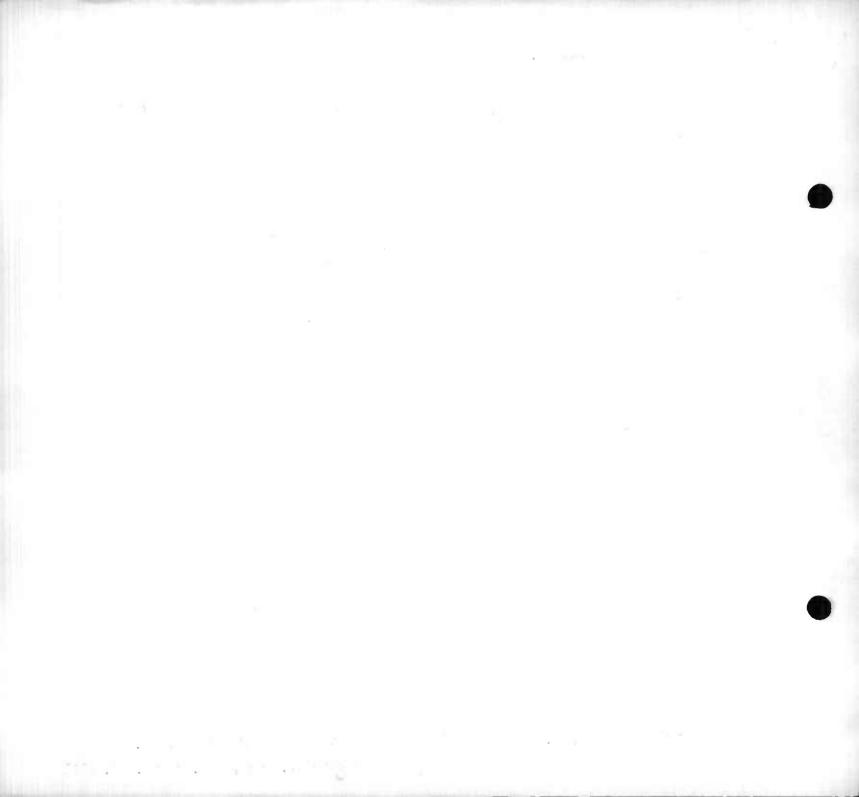
Brayer stime Costs 37 miles Chrome Read Feidens Serbete melleter storyell Haday of Supered al supered and minimum James of the former David Il Huppinson 11.2

69 6577							
CEDTIFICATE OF DEATH REG. NO.							
I NAME OF DECEASED							
(Type or Print)							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institutions residence before admission)							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission)  A. STATE  B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MD. 2633							
HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?							
Balticate							
PUNION MEMORIA HOSPITAL E. STREET AND NUMBER							
3104 KENYON IVE.							
5. SEX 6. RACE 7. MARDIED CALLED AND THE PROPERTY OF BURYLES							
10A. USUAL OCCUPATION (Give kind of work 10R, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of Greigh Country)							
done dyring most of working life, even if refired)  10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at foreign country)  12. CITIZEN OF WHAT COUNTRY							
lutines Police Balto. Police Dept. Manyland U.S.A.							
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
701							
Clizabeth Stopppporx Kircher							
(Tes, not Dinknown) Uf yes, give war or does of service SECURITY NO.							
212-28-9917 (Same)							
18. CAUSE OF DEATH 1 APPROXIMATE INTERVAL							
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH  (A) IMMEDIATE CAUSE CARDIO-PULLORIA MAEST							
trins does not filed the mode of dying, e.g.							
heart (ailure, osthenia, etc. It means the disease, injury or complication which caused death.)							
ANTECEDENT CAUSES							
(0) 1 (100) 6 (100) 10 (100)							
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the							
UNDERLYING CONDITION lost. (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
19A DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED							
IN CERTIFYING CAUSES OF DEATH?							
In Bullimore City, olve exact location							
DEATH (notify medical examined   CAUSE OF   hame, farm, factory, skeet, office bldg., INJURY OCCUR?							
S OF INDUST							
22. 1 certify that (1) (this hospital) ottended the deceased from 6/18 19 69 to 6/28 19 69							
that (1) (we) lost saw the deceased olive on 6/28 1969 and that In(my) (aur) opinion death occurred on the date							
and hour and from the courses stated above. (1) (We) (dld) (dld not) view the bady after death.							
23 A. SIGNATURE							
Attending Med. Shoff To 23R, DATE, SIGNED 6/2, D/19							
Director Director Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director							
NAME (Type)							
CARLOS C. TOSS, M. JDEGREE UNION HEMOMA HOSPITA							
DAA BIBIAL CREATERING OF THE COLOR							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (State)							
REMOVAL (Specify) (State)							
Burial 7/2/69. Holy Redeemer Cemetery Baltimore, Md.							
Burial 7/2/69. Holy Redeemer Cemetery Baltimore, Md.							

38 . . . . . . With middle for the 3100 KENNEN BYE. 31 4 18 Matings 12 - Hardland 21 = 12. JULIAN LIC C COCCHA SIMMINT Aquentéra escentus. "miss" welland leader" dotte the ment of the L ( The second of the second of the second 420 5212 44 5112 19 19 13.1/2 10/10) 5 FOLD AT THE PERSONS 450 2

To Brint freid Ace alata da La La tala for they have seen 115 c v 10 9 min see it folias will IN I ALL WE WELL HE HEST THE X 2220 48 38

60 (	BALTIMORE CIT	HEALTH DEPARTMENT	CO. CEMO					
	579 CERTIFICA	TE OF DEATH REG. NO.	69 6579					
I. NAME OF DECEASED								
(Type or Print) FRANK ROSEN		2. DATE AND HOUR OF DEA	15.15 P.M					
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO UNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived.	If institution: residence before admission)					
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND	NSIDE CITY LIMITS?					
		BALTIMORE	YES NO NO					
35 CHURCH HOME ?	408PITAL	E. STREET AND NUMBER	TES E NO L					
) 3		3819 LYNDALE AUG.						
5. SEX   6. RACE   7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years	If Under 1 Yes , If Under 24 Hiss					
In 10/	OWED DIVORCED	to 24 CO   lost birthdoy)	If Under 1 Ye. If Under 24 His. Months Days Hours Min.					
OA, USUAL OCCUPATION (Give kind of work 108, KI)		11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY					
fone during mast af working life, even if retired)			USA					
RETIRED TOO	OYE MAKER	MARYLAND	asa					
JOHN ROSEMER		Catherine						
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS					
Yes, na ar unknown) (If yes, give war or dates of ser	security No. 212 69 7885	ELLEN ROSEMER	SAME					
18. 4 10 1	CAUSE OF DEAT	н	APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY		6	BETWEEN ONSET AND DEATH					
	LEADING TO DEATH							
heart failure, asthenio, etc. It means the dis	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,							
injury ar camplication which caused death.)	D.	condiac arrest	1					
ANTECEDENT CAUSES	injury or complication which caused death.)  ANTECEDENT CAUSES  (B) Conduct arest  Ful monage o colour							
DISEASES OR CONDITIONS, if any,	iving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************					
rise to the above cause (A) stating UNDERLYING CONDITION tast.	(C)		1					
	(0/							
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING		1					
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	***************************************	***************					
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208, IF YES, WE	RE FINDINGS CONSIDERED					
WAS PERFORMED		No IN CERTIFYING	CAUSES OF DEATH?					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 & PLACE OF INJURY (e.g., i hame, form, factory, street, a etc.)	n ar about 21 C. WHERE DID (If In Balti fice bldg., INJURY OCCUR?	more City, give exact lacation)					
21D-TIME (Month) (Day) (Year) (Hau)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
OF INJURY (APPROX)	While At At Work	• 🗆						
22. I certify that (i) (this hospital) atten-	0 21	June 29 12 000 19 69 to	June 39 1969					
that (1) (we) last saw the deceased alive	on June 29	19 62and that in (my) (our)	opinian death accurred an the dote					
and haur and from the causes stated abo	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
23A. SIGNATURE			238. DATE SIGNED					
Corazon 2. Verga		nding Med. Staff Phys.	June 29 1969					
23 C. PHYSICIAN'S NAME (Typel	GC OREE	23D. ADDRESS	1 1101					
GORAZON Z. VERGA	RA M.D.	100 N. BROADWAY	BACTIMORE, Ma. 31					
	DEGREE	/						
REMOVAL (Specify)			(City, tawn, or caunty) (State)					
Burial 7/3/69.	Holy Redeemer C							
SA. DATE REC'D BY JEALTH DEPT 969258, NA	ME OF REGISTRAD	25C. FUNERAL DIRECTOR	ADDRESS					
	1 2 4	Legnard J. Ruck, Inc.	Dar 00. MG. 21214					
VS 150-REV. 1/1/6B								



69	6580	RAITIMORE CITY HEALTH DEPARTMENT
00	UUGU	BALTIMORE CITY HEALTH DEPARTMENT

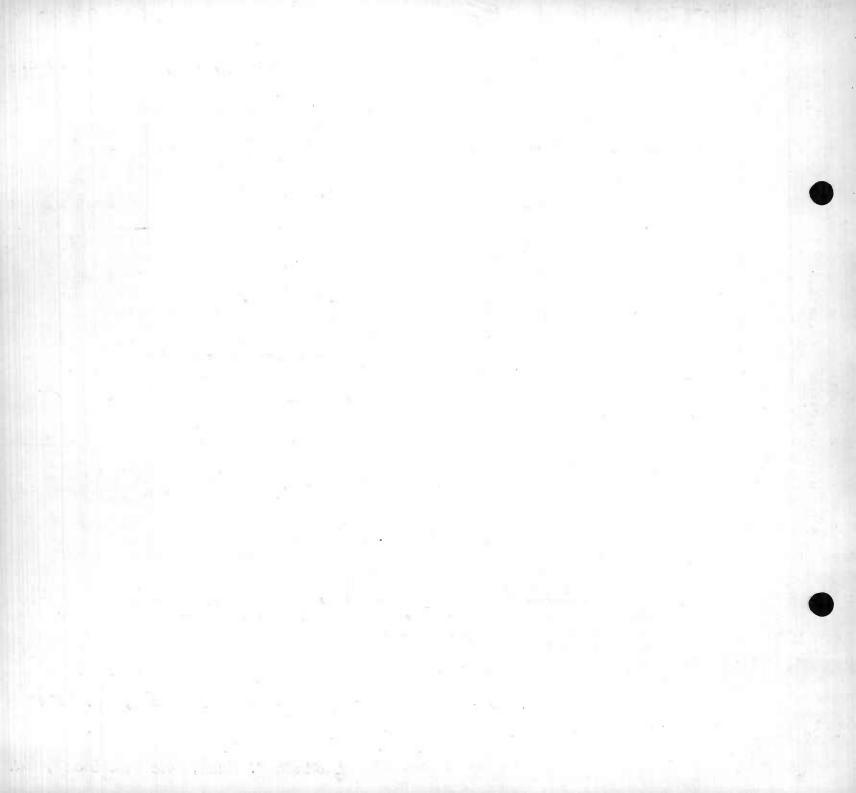
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69 (	3580
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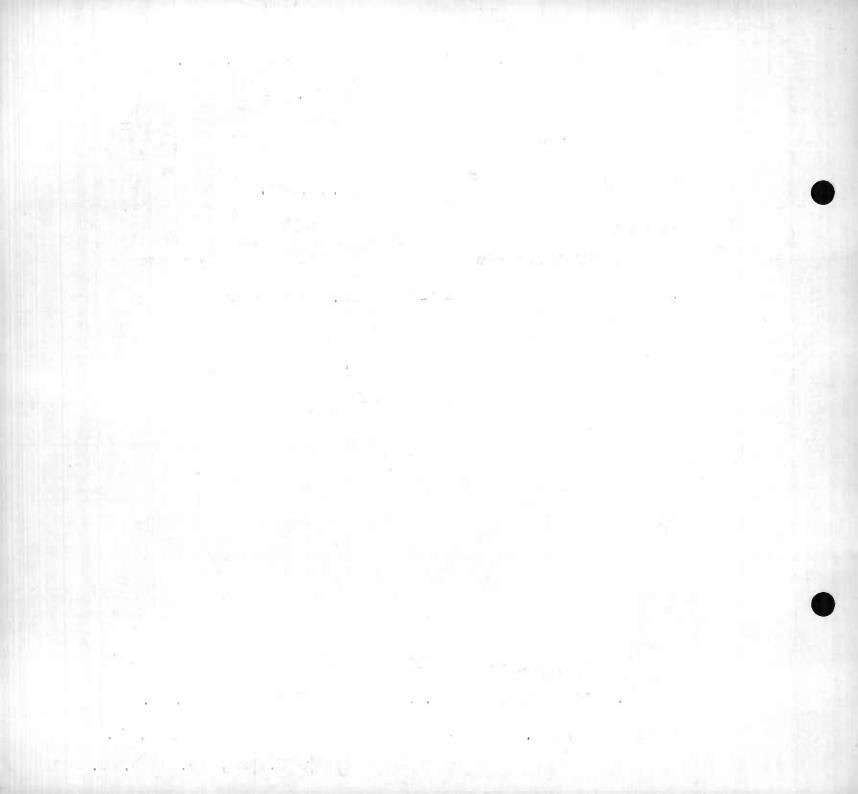
BIRTH NO.	LEKTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(TERRY) E. SMITH	OF DEATH Estimoted June 28, 1969 9:50 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD  June 28, 1969  9:50 A.M.
2 2	5. USUAL RESIDENCE (Where deceosed lived. Il Institution: residence before admission)  A. STATE  B. COUNTY
Johns Hopkins Hospital	Maryland 6/94
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years lost birthday)   If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	12 N. Ann Street
WHAT COUNTRY?	13. PATTER 3 NAME
WEST VIRGINIA USA	CLEVE W. SMITH
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
PIKE CONST. CO.	FRITH I STAUT.
16 WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	PIPOLITICALITIES IT N TON A DELLA LA
	CLEVE W.SMITH I'N, BROADWAY
F860X	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Fractur	e dislocation with cervical spine
LEADING TO DEATH (A) IMMEDIATE (	and spinal cord injury
(This does not mean the mode of dying, e.g., heort loilure, osthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF
Z UNDERLYING CONDITION LAST. (C)	222 500 500 500 500 500 500 500 500 500
2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	
[5] 7	(Partial)
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	e bldg., etc.) INJURY OCCUR?
UTING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Dov) (Year) (Hour) 22E.INJURY OCCURRED	Franklinville Bridge-Upper Falls, Balt.
OF INTUINY	22F. HOW DID INJURY OCCUR? County
OF INTUINY	
OF INJURY (APPROX.) 6/23/69 8:35 Pm. WHILE AT WORK NOT AT WORK OF	22F HOW DID INJURY OCCUR?   County
OF INJURY (APPROX.) 6/23/69 8:35 Pm. WHILE AT WORK NOT AT WORK OF THE WORK OF	22F. HOW DID INJURY OCCUR? County WHILE XX Dove off rock into shallow water
OF INJURY (APPROX.) 6/23/69 8:35 Pm. WHILE AT WORK NOT AT WORK OF THE WORK OF	Dove off rock into shallow water rtial) topsy X and that on this bosis, death in my opinion
OF INJURY (APPROX.) 6/23/69 8:35 P WHILE AT WORK AT WORK PAR WORK	22F. HOW DID INJURY OCCUR?   County
OF INJURY (APPROX.) 6/23/69 8:35 Pm. WHILE AT WORK AT WORK Party WORK Party WORK Party WORK AT WORK Party WORK	22F. HOW DID INJURY OCCUR?   County
OF INJURY (APPROX.) 6/23/69 8:35 Pm. WHILE AT WORK OF INJURY (APPROX.) 6/23/69 8:35 Pm. WHILE AT WORK OF INJURY OF I	22F. HOW DID INJURY OCCUR?   County
OF INJURY (APPROX.) 6/23/69 8:35 Pm. WHILE AT WORK AT	22F. HOW DID INJURY OCCUR?   County
OF INJURY (APPROX.) 6/23/69 8:35 Pm. WHILE AT WORK OF INJURY (APPROX.) 6/23/69 8:35 Pm. WHILE AT WORK OF INJURY OF I	22F. HOW DID INJURY OCCUR?   County
OF INJURY (APPROX.) 6/23/69 8:35 P WHILE AT WORK AT VICE AT WORK AT WO	22F. HOW DID INJURY OCCUR?   County
OF INJURY (APPROX.) 6/23/69 8:35 P WHILE AT WORK AT WO	22F. HOW DID INJURY OCCUR?   County
OF INJURY (APPROX.) 6/23/69 8:35 Pm. WHILE AT WORK AT	22F. HOW DID INJURY OCCUR?   County

and a company of the THE STATE OF THE PROPERTY AND ASSESSED. BUT E V. SE AST COLOR OF COLOR 1 page 204 m. - principalité, l. l. et la laie qu'il

CO	0504	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 050:
69	6581	CERTIFICA	TE OF DEATH	REG. NO	69 6581
BIRTH NO.		CLITTICA		D HOUR OF DEATH	
1. NAME OF DECEASED (Type or Print) MARTAN	D. A. M. C.				123/8. M
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCE	DEAD	4. USUAL RESIDENCE (When		stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL	GIVE STREET	Md.		2755	
HOSPITAL OR ADDRESS OR LOCATION STITUTION	ION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
			Baltimore		YES DE NO
00 1318 Asbury	Road		E. STREET AND NUMBER	1318 Asbur	· ·
S. SEX   6. RACE   7	MARRIED N	VER MARRIED	B. DATE OF BIRTH 1092	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Female White	WIDOWED 🔀	DIVORCED [	July 27, xxxx.	76 <del>32</del>	
done during most of working life, even if retired)	B. KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY
Housewife			Penna	•	USA
13. FATHER'S NAME		120	14. MOTHER'S MAIDEN NAM	A E	
Ernest W	. Allen			Etta S.	Hurlbut
15. Was Deceosed Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give wor or dotes		OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
No	3	ECORITI NO.	Mr. Joseph E. I	Hess	(Same)
18. / /= 3		CAUSE OF DEAT	IH .		APPROXIMATE INTERVAL
1 / 5 5 . 5	CTLV				BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	CILI		(0.00	2 Giomme	1 lular
(This does not mean the mode of d	lying, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	of Sigmore	
heart failure, asthenia, etc. It means It	ne diseose,	DOE TO, OK AS	A CONSEQUENCE OF	0	
injury or complication which coused d	eoth./				
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, if ar	ny, giving	DUE TO, OR A	S A CONSEQUENCE OF:		***************************************
uise to the above cause (A) s UNDERLYING CONDITION lost.	lating the	(0)			
ONDERCTING CONDITION TOST.		(c)			
z II					
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART					
	I (A).		100 A AUTOROVO /V NI-I	COR IS VEC MIERS	SWIDWIGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDIWAS PERFO		1 OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	21B. PLAC	E OF INJURY (e.g.,	in at about 21C. WHERE DID	(If In Boltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	m, roctory, street, c	mee blog., INJURI OCCUR:		
U	(Hour) 21E, INJU	RY OCCURRED	21 F. HOW DID INJ	IIBY OCCUP?	
OF INJURY	While At			DKI OCCUK:	
(APPROX.)	Work	Not Whi		- 0	
22. I certify that (1) (this hospital)	attended the de	ceased from	1	952 to Jul	e 27,19690
that (1) (we) last saw the deceased		1			plan death accurad on the dat
				ar mitmy, too, opi	nian deoth occurred on the dat
and have and from the couses state	d abave, (I) ( <del>We</del>	) (did) ( <del>did no</del> t)	view the body after death.		
23A SIGNATURE					23 B. DATE SIGNED
Julius C. Blue	IL, M.D	AH Ph	ending Med.	Stoff Phys.	6/28/69.
	1.0-	DEGREE	23D. ADDRESS		
23C.PAYSICIAN'S NAME (Type) Julius	Gluck 1	A.D.		sterstown R	d. Balto. Md.
		DEGREE			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		of CEMETERY or CE		CATION (C	ity, town, or county) (Stote)
Burial & 7/1/69	9. Baltin	nore Nation	nal Cemetery	Baltimore	, Md.
2SA. DATE REC'D BY HEALTH DEPT. [2	5B. NAME OF RE		25C. FUNERAL DIRECTOR		ADDRESS
(()( 1 1060		Ber M. B.		uck, Inc. B	alto. Md. 21214
20LT 1303 A	- All 100	7 may 2	0 0 0 / 2		
VS 1S0-REV. 1/1/6B					

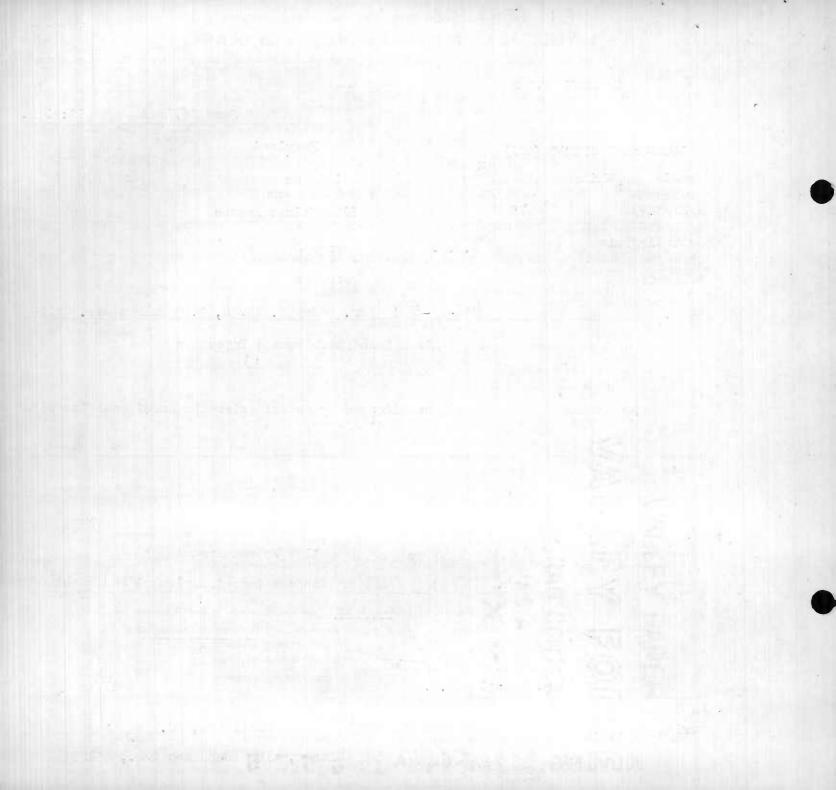


VS 150-REV, 1/1/68



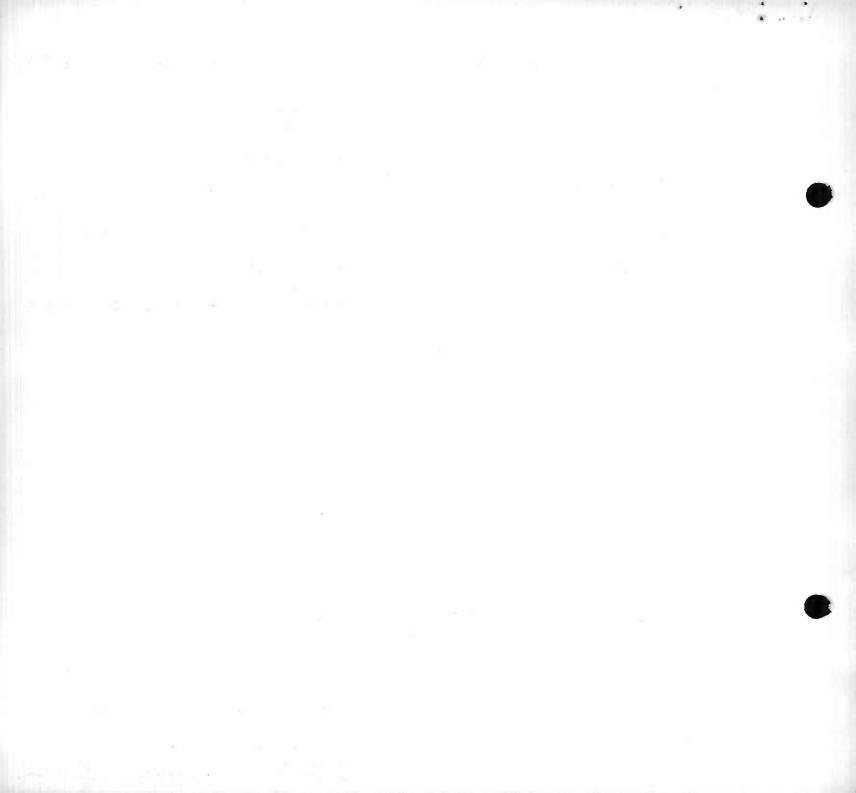
## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

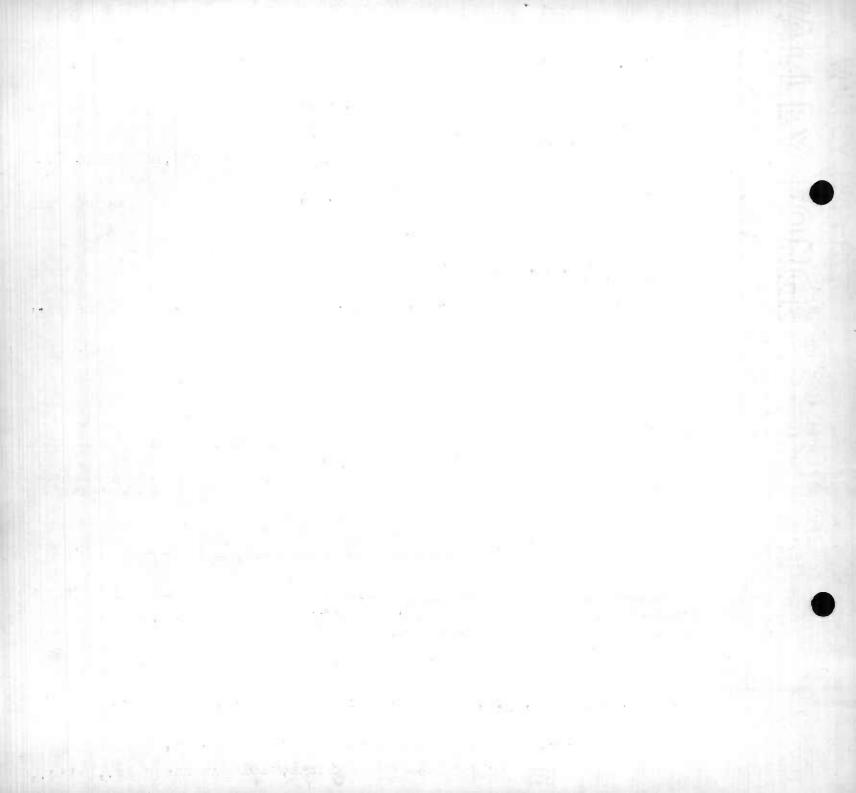
BIRTH NO.		MILL	ICA	L LA	AMINERS	CERTII	ICATEO	DEAT	REG. NO.		
1. NAME OF DECEASED						2. DATE	Known [	Month	Doy	Yeor	Hour
(Type or Print) DOROTHY THRON						OF DEATH	Estimoted [				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					PRON	OUNCED DEAD	Tune	26,196	9	11:03	
HOSPITAL OR INSTITUTION	ÀDDRE	SS OR LOCA	TION)			6 HCHAI	PECIDENCE (WA				
	AN HOS	PITAL	(DOA)	)		A. STATE	RESIDENCE (Who Marylan		B. COUNTY	residence	S 4/
6. SEX	7. RACE		1		NEVER MARRIED	C. CITY	OR TOWN		D. INSIDE CI	TY LIMITS?	-
Female	Whi	te		WED 🗌	DIVORCED	Bal	ltimore		VE	s 🖾	NO 🗆
P. DATE OF BIRT	H	10. AGE (II	-		er 1 Yr. If Under 24 Hrs.	E. STREE	AND NUMBER		1	3 🗀	NOL
8/27/189	3	lost birthdo	<sup>y)</sup> 75	Months	Doys   Hours   Min.		9 Walnut	Avenue			
I. BIRTHPLACE				12 CIT	IZEN OF		ER'S NAME	11VCIIGE			
West Vir		,,, ,			AT COUNTRY?						
	-			U	.S.A.	Geo	rge Jacks	on			
4A.USUAL OCCU	PATION (Give vorking life, ev	e kind of work en if retired)	148. KIN	D OF BU	SINESS OR INDUSTR	Y 15. MOTH	HER'S MAIDEN N.	AME			
Housewif						Flo	rence				
6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	\$? 17	7. SOCIAL	18. INFO	RMANT		A	DRESS	
Yes, no or unknown	(Ir yes, give v	vor or doles	or service		16-03-6785	Mys	Henry F.	Thron	1100 Wel	nut. A	WA 21220
19.	5 V			~	CAUSE OF DEA		activity 1 o	1111 0119	110/ 1100		PPROXIMATE INTERVA
1 E7	80.11						1	~	4. *	BETY	VEEN ONSET AND DE
	E OR COND		CTLY		Alcohol	and B	arbiturat	e Inges	tion		
	LEADING TO				(A)IMMEDIATE	CAUSE 1					
heart foilure	ot meon the , osthenio, etc. nplication which	. It meons the	diseose,		DUE TO, OR	AS A CONS	EQUENCE OF:				
	NITE CEDENIT	CAUCEC			o omp 1 i	antad	by Arteri	ocoloro	tic Card	iovas	cular Die
	NTECEDENT OR CONDITION		GIVING	3	DUE TO, OR	AS A CON	SEQUENCE OF:	OSCIELO	CIC Care	LOVES	Culai Di
RISE TO THE	E ABOVE CAL	USE (A) STA	TING THE	E							
Z	NG CONDIII	ION LASI.			(C)						
OTHER SIGN TO THE DEP DISEASE OR 20A. DATE OF		11									
OTHER SIGN	ATH BUT NOT										
DISEASE OR	CONDITION	GIVEN IN P	ART 1 (A)	}.		******					
20A. DATE OF	PERATION	1 20B. COI	NOITION	FOR W	HICH OPERATION W	AS PERFO	RMED			21. AUTO	OPSY? (Yes or No
		1.33									yes
₹ 22A. EXTER	NAL CAUSE	WAS		22B. PL	ACE OF INJURY(e.g.,	in or obout	22C. WHERE DIE	(If in Boltimo	re City, give exo	ct locotion)	700
22A. EXTER UNDERLYING UTING CA				home, fo	arm, foctory, street, offic	ce bldg., etc.					
UTING LI CA		Ooy) (Yeo	r) (Hou	1 225	Home		1109 Wa				
OF INJURY	. , ,				LE AT NO	T WHILE -			- '''		
(APPROX.)Ju	ne 1969	)	Unk	m. WO	RK ATV	WHILE X	Subject	ingeste	d alcoho	ol and	barbitu
23.											
I cert	ify that I h	eld on I	nquiry		nspection Au	topsy XX	ond that on	this basis,	deoth in my	apinion	
resul	ted fram: N	aturol cou	ses 🗌	Acc	ident Suici	de 🗌	HomicIde 🗌	Undetermi	ned monner	<b>3</b>	
		)	1 1	1/	00		CHIEF MEDICAL	EXAMINER			
ACTUAL	1 /	1. lel	111	1/2.	11	AS	SISTANT MEDICA	LEXAMINER	$\mathbf{x}$		DATE SIGNED
SIGNATI	1/	m 71	MI	Can	M.I.	).			$\overline{\Box}$		
EXAMIN NAME (1		nald N	. Kor	nb1u	m,M.D.	AS	SOCIATE MEDICA	LEXAMINEK		6/27	/69
24A. BURIAL CREA	MATION, 2	48. DATE		24C.	NAME of CEMETERY	or CREMA	TORY 241	LOCATION	(City, town	, or county	) (Stote)
	ty)										
-	ty)	6/30/	169	W	estern Ceme	terv	В	altimor	e. Md.		
Burial		12-1			estern Ceme		B. FUNERAL DIREC	altimor		DDRESS	
-		12-1	25B. 1	NAME O		250		TOR	A		1229



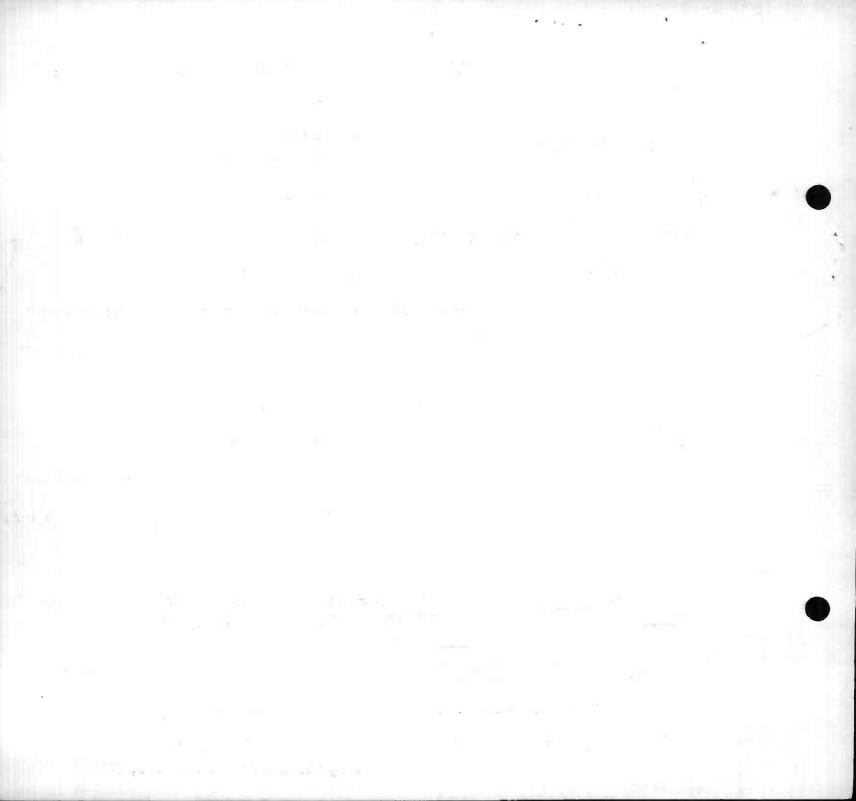
VS 150-REV. 1/1/68

1		CATE OF BEATH X REG NO 69 6585
BIR	RTH NO. 69-12606 69 6585 CERTIFIC	CATE OF DEATH REG. NO. 00 0000
1. 1	AWE OF DECEASED	2. DATE AND HOUR OF DEATH
2	YATES, BABY	JUNE 25, 1969   4:05 P
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere decoased lived. If institution: residence before admission. STATE  B. COUNTY
HC	LL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND AACO. 520
IN:	STITUTION	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
4	ST AGNES HOSPITAL	ODENTON YES NO L
		490 PATUXENT RD
5. 5	6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE Un years If Under 1 Ye., If Under 24 Hr
	? unk WHITE WIDOWED DIVORCED	7106 25 69
t0A don	N. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT
	INFANT	MARYLAND USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ROBERT YATES	SHARON WATKINS
15. Yes	Was Decoased Ever in U. S. Armed Forces?  s,no or unknown) (If yes, give wor or dotes of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		ST AGNES RECORDS-CATON & WILKENS AVE
	18. CAUSE OF DE	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not mean the made of dying, e.g., (A) IMMEDIATE COR	AUSE Hultiple Congenital AS A CONSEQUENCE OF:
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES	almas wal tick
	DISEASES OR CONDITIONS, il day, giving DUE TO, OR	AS A CONSEQUENCE OF:
	live to the above conse (v) sighing the	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
F	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
일	19A- DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIF	21A. ACCIDENT WAS UNDERLYING 21& PLACE OF INJURY (e.	YES
اي	OR CONTRIBUTING CAUSE OF home, farm, foctory, street, etc.)	g., In or about 21 C. WHERE DID (If in Baltimore City, give exact location) office bidg., INJURY OCCUR?
υļ	The second secon	
MEDI		/hile
	22. I certify that (1) (this hospital) attended the deceased from	4 -
	that (1) (we) last saw the deceased alfve an JUNE 25	
	and have and from the causes stated above. (IX (We) (did) (4)8) (A)	) view the body after death.
	23A. SIGNATURE	Attending Med. Shoff FOI
	The DEGREE P	Phys. L. Director L. Phys. A. 0 0-07.
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24.4	J. AZIZ, M. D. DEGR	
	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF (	
	urial 6/30/69 Baltimore Nation	onal Cemetery Baltimore, Md.
ACS	JUL 1 1969 258 NAME OF REGISTRALE ALL	25C. FUNERAL DIRECTOR ADDRESS
	MOLT 1202 mostly or despet with	1 Hotel Rusey Home 4101 Eloundson a





(a)		0 = 0	BALTIMORE CIT	Y HEALTH DEPA	RTMENT	1	00	OFON	
PIDIM NO	- 6	9 658	CERTIFICA	ATE OF D	EATH	X REG. NO	69	6587	1
BINH NO.	CEASED					NO HOUR OF DEATH		1111	100
(Type or Print)	SCHAFER, C	LYDE W	III I A M		JUNE	27. 1969	Ý	5:00 11	the D
3. PLACE IN BAL	LTIMORE MARYLAND,			4. USUAL RES	DENCE (Whe	ie deceased lived. Il i	nstitution; re:	sidence belore ad	mission)
				A. STATE	B. COUN	CIY		F 9	^ ^
FULL NAME OF	ADDRESS OR LOC	TAL OR INSTITE (ATION)	UTION, GIVE STREET	MARYL		5×1+0		23	00
NOITUTITZNI				C. CITY OR TO		D. IN:	SIDE CITY LIA		
OST AGN	NES HOSPITA	1		E. STREET AND			YES [_]	NO 🏝	
Qui mai	1031117	l.			EWBURG	AVE			
5. SEX	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIR		% AGE (In veors	If Under	1 Yt. If Under	24 Hee
MALE	WHITE	WIDOWED		11 17		last birthday)	Months	Doys Hours	Min.
MALE	WHITE UPATION (Give kind of wor		BUSINESS OR INDUSTR	Y 11. RIPTHPLAC	86	82	12 CITIZ	EN OF WHAT CO	OLIMITAY
done during most of	working life, even if retired)				L (Jidle of 1016	ign coomiy	12. 61112	EN OF WHA! CO	JUNIKI
RETIRED		MEAT	BUSINESS	MARYLA	AND		1	JSA	
3. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NA	ME			
GEORGE	SCHAFER			MARTHA	SHAU	-			
5. Was Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMAN		L, L,		ADDRESS	
_	Of yes, give wor or do	es or service	SECUNITY NO.	CT ACL	IEO DE	00000 047	011 0 1		
unknown	5 // 4 5 6	18	2 15 05 1 075		NE 2 KE	CORDS-CAT	UN & V		
1 / "	2,4 17 51	12/2/	CAUSE OF DEA		7	7	81	APPROXIMATE INT	
DISEAS	SE OR CONDITION D	WEBILL C		EL O	EPTIC	EMIN		24hr	9 -
(This does n	not meen the made a	Wind La	DUE TO, OR AS	USE	F 05.	+-		0/1/	
heart failuse,	asthenia, etc. It means	s the diseases	N SOLDE IO, OKA	A CONSEQUENC	E OF:			-	
	ANTECEDENT CAUSE	A . !	N PER S		0 (000			2	
		10	5 to 1766	ANULO	4108	75 Follow	in	*	
rise to the	OR CONDITIONS, il e abave cause IA)	any, giving	S TOE TO, OR A	S A CONSEQUENCE		7d +	4		
UNDERLYING	G CONDITION last.	1	2 8)	RONEST	YL 1	Administra	ruou		
	- 11	5							
OTHER SIGNIE	FICANT CONDITIONS CO	NTRIBUTING	Attenioscleron	to Cards	1 Vaneu	Par diseas	2 6 14	no lunati	70
DISEASE OR C	ONDITION GIVEN IN PA	RT 1 (A).		M COMP.	royseeu	ur wseus	8 6 110	n- panen	unac
TO THE DEAT TO THE DEAT DISEASE OR C 19A. DATE OP	OPERATION 198 CON	IDITION FOR V	WHICH OPERATION	20A. AUTOP	SY? (Yes or No	IN CERTIFYING CA	FINDINGS	CONSIDERED /	ace,
				NO				12	mak
OR CONTRICT	NT WAS UNDERLYING	218. hom	PLACE OF INJURY (e.g., e, form, fociory, street,	In or obout 21 C. W	HERE DID	(If In Boltimo	re City, give	exoct locotion)	
DEATH (notify	medical examined	etc.)							
21D.TIME	(Month) (Doy) (Year)	(Houd) 21E	INJURY OCCURRED	21f. H	OW DID INJ	URY OCCUR?			
(APPROX)			le Al Nol Whi						
Work At Work A									
and have and from the causes stated above ((1) (We) (did) (d(d)(n)t) view the body after death.									
23A. STGN ATU	RE				23B. DATE	SIGNED			
Attending Med. Staff Phys. Staff Phys.							06 27	69	
23C. PHYSICIA NAME (T	N'S	-	) DEGREE	23D. ADDRESS			1		
	AMES G KAN	F IR	M.D. DEGREE	CT ACUE	0 1100		ID 0.1-		
A BURIAL CRE		24C. NA	ME of CEMETERY of CR	EMATORY	S HOS	P. BALTO A	10 212 ity, town, or	countyl (	State)
Burial	6/30/6		oudon Park Ce			timore, Mar			
JA DATE REC'D	JUL 1 196	COSE PLAME O	E Jaibel M.D.	Wing k	DIRECTOR	Edmondson	Ave.	ADDRESS 21229	
		A Manage	-1 1-1000 11.0	L TIGOR	-45 OT	N. S. Carrotta Coll		~ !~~ /	
S 150-REV. 1/1/	68 N.7 / 31	U							



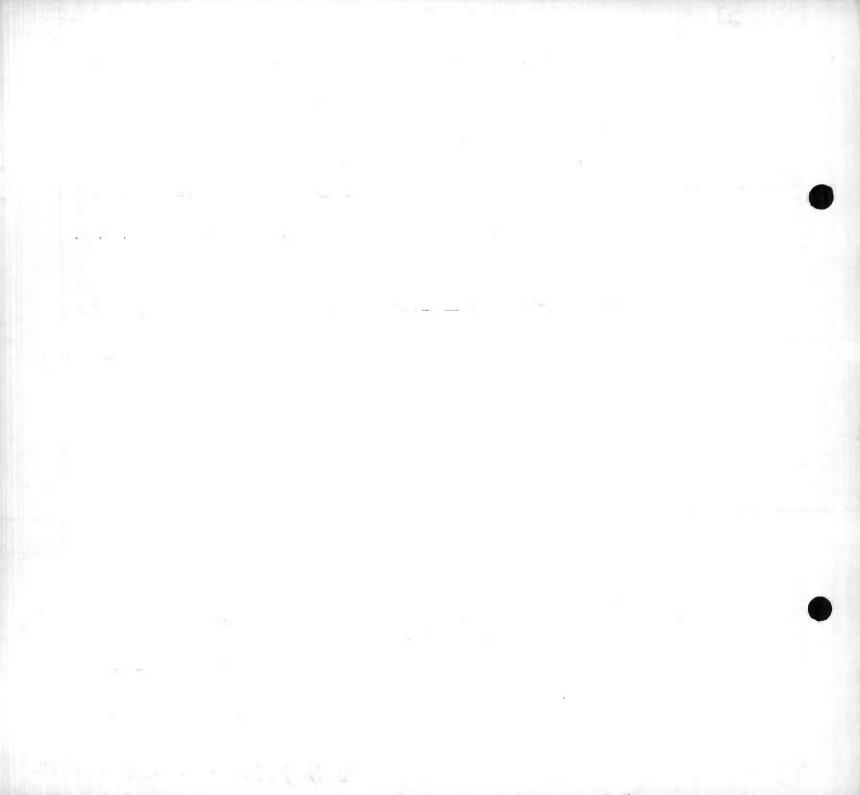
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VS 150-REV. 1/1/68

DA MARTINE MILLION TO A CONTROL OF THE PARTY Latric Tu ENE DESCRIPTION OF THE PROPERTY OF EST TERMED TO THE STATE OF THE

03 65	CITY HEALTH DEPARTMENT					
BIRTH NO.	ICATE OF DEATH REG. NO. 65					
(Type or Print) KUCHAUSKAS, Peter Edward	28 JUNE 1969 7:55 A					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE I Whore deceosed lived. If institution: residence before admission) A. STATE B. COUNTY					
HULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION VETERANS ADMINISTRATION HOSPITAL	MARYLAND BALTIMORE CITY 2/0/					
3 3900 LOCH RAVEN BOULEVARD	BALTIMORE YES X NO I					
BALTIMORE, MARYLAND 21218	E. STREET AND NUMBER					
	645 WASHINGTON BOULEVARD  8. DATE OF BIRTH  19. AGE (In verys   If Under ) Ye. If Under 24 His					
MATE CALICACTON MARKED NEVER MARRIED	last birthday) Months! Doys Hours! Min.					
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY					
done during most of working life, even if refired)						
TRUCK DRIVER WHOLESALE BUSINE	SS WATERBURY, CONNECTICUT U. S. A.					
CHARLES KUCHAUSKAS						
	ELIZABETH RUTKAUS					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) liff yes, give wor or dates of service) SECURITY NO.	17. INFORMANT V A HOSPITAL RECORDS ADDRESS					
YES 3-15-48 T01-7-52 215-10-072	3900 LOCH RAVEN BLVD, BALTO, MD 21218					
18. CAUSE OF E	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	B /					
(This does not mean the made of dying, e.g., (A) IMMEDIATI	ECAUSE D'ON Chi gence Carcino era SEVERAL					
heart failure, asthenia, etc. It means the disease,	MONTHS					
injury or complication which caused death.)  ANTECEDENT CAUSES	E CAUSE Broncho genie Carcingua SEVERAL  RAS A CONSEQUENCE OF: E extensive MONTHS  Metastasis					
ANIECEDENI CAUSES	TOTALI FOLLOS					
DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the	OR AS A CONSEQUENCE OF:					
UNDERLYING CONDITION fast. (C)	**************************************					
- II						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	120 A ALIGABAYA IV					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED  19B-CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	e.g. in or obout 21 C. WHERE DID (If in Bolttmore City, give exect location)					
OR CONTRIBUTING CAUSE OF home, factory, street	e.g., in or obout 21C. WHERE DID (If In Bolttmore City, give exect location)					
	21F. HOW DID INJURY OCCUR?					
W I AP IN I I I I I I	While					
22. I certify that () (this hospital) attended the deceased fram	26 MAY 19 69 to 28 JUNE 19 69					
that (t) (we) last saw the deceased alive on 28 JUNE	19 60 and that In (1917) (our) opinion death occurred on the date					
and haur and from the causes stated above. (N) (We) (did) (2005)	26) view the bady after death.					
23A. SIGNATURE  Salay M. Nascelles Muzer Attending Med. Staff M. 6-28-69  Attending Med. Director Phys. Med. Director Phys. Med. Director Med.						
The second secon	3900 LOCH RAVEN BOULEVARD					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	REFERENCE BALTIMORE, MARYLAND 21218  CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
BURIAL 7-2-1969 Bacto NATIO						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. EUNERAL DIRECTOR)  ADDRESS					
1.0 / 2010	D Thanks & Kennylne Boet ma					
VS 150-REV. 1/1/68 UL 1 1969 2 2 6 2 5 6 6 M	of the the state of the					



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69 6592 BALTIMORE CITY HEALTH DEPARTMENT

7	BIRTH NO.		MED	ICAI	L E>	(AMINER'S	CERTIFI	CATE OF	DEAT	H REG.	NO	69	60	36
1	. NAME OF DEC		CHARLES	в нам	MOC	K	2. DATE OF DEATH	Known 🕅	Month	29,		Year	Haur	
14	. PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE P	RONO	UNCED DEAD	3. DATE	- 0	Month	Day		Yeor	Haur	М.
FH	ULL NAME OF IOSPITAL OR INSTITUTION					ON, GIVE STREET		JNCED DEAD ESIDENCE (When	June	29,	1969		2:50	A. M.
1						(DOA)	A. STATE	ESIDENCE (When	e deceased liv	B. COUN	Itulian: re ITY	sidence l	before odmi	ssion)
6	South . SEX	Baltin  7. RACE	more Ge		_	ospital	Maryland  D. INSIDE CITY LIMITS?							
	Male		gro	WIDO	WED [	DIVORCED		Baltimore			YES [		NO 🗆	
9	3-23-06		10. AGE (Ir last birthda		Month	der 1 Yr. If Under 24 Hrs. hs   Days   Haurs   Min.	E. STREET	AND NUMBER	oss St	reet				
ī	I. BIRTHPLACE (S	itate or foreig			12. C	ITIZEN OF	13. FATHER							
	Georgia	DATION/C:	-1:-4 t -1	AD PING		HAT COUNTRY?	Alf	red Hammo	ck					
d	one during most of v Labo	vorking life, ev	en if retired)	I 4D. KIIVI	D OF B	SUSTINESS OR INDUSTR		on Wissie						
1	6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL	18. INFOR		,		ADDR	RESS		
0	(es, no or unknown	(If yes, give v	war or dotes	af service	•)	215-01-2394		Lillie C	iles 1	39 We	st C			
	19.	. / .				CAUSE OF DEA	TH						PROXIMATE I	
	(This daes n	E OR COND LEADING TO of meon the , osthenio, etc nplication whice	DEATH made of dy . It means the	ing, e.g., diseose,		(A) IMMEDIATE DUE TO, OR	CAUSE CAT	cinoma of	lung			<sub>)</sub>		
TACIFA OIL	DISEASES (RISE TO THE UNDERLYING) OTHER SIGN TO THE DE	IFICANT CON	ONS, IF ANY USE (A) STATI ION LAST.  II NOTIONS CO	(B) DUE TO, OR	AS A CONSE	QUENCE OF:								
	20A. DATE OF	CONDITION				WHICH OPERATION W	AS DEDECIDA	ED	**************		121	ALITO	PSY? (Yes	or No
1				, control									No	
0.61	UNDERLYING CA		TRIB-		22B.P home	LACE OF INJURY(e.g., form, factory, street, affi	tn ar obout 2 ce bldg., etc.) I	NJURY OCCUR?	(If to Baltimar	e City, giv	e exoct lo	ocotian)		
	22D. TIME OF INJURY (APPROX.)	(Month) (D	Poy) (Year	) (Hou	'		WHILE	2F. HOW DID IN	IJURY OCCU	JR?				
		ER'S	latural cau	J.	A	Inspection Suici	de Ho	and that on to micide CHIEF MEDICAL STANT MEDICAL DCIATE MEDICAL	Undetermine EXAMINER EXAMINER		ner 🗌		DATE SIG., 1969	
18	4A. BURIAL CREATER CANDULA CREATER CANDULA CAN	MATION, 2	7-2 -6	_		Arbutus M	emorial	Park	Baltin		Mary			ote)
2	SA. DATE REC'D	JUL 1	1969	h -		Jaiber M.D.		FUNERAL DIRECT		Lips	1727	N. 1	Monroe	Stre
\ \ \	S 1S1-REV. 1/1/68	3		1 7	. 6	9 5 1	06	5 8 3	3					

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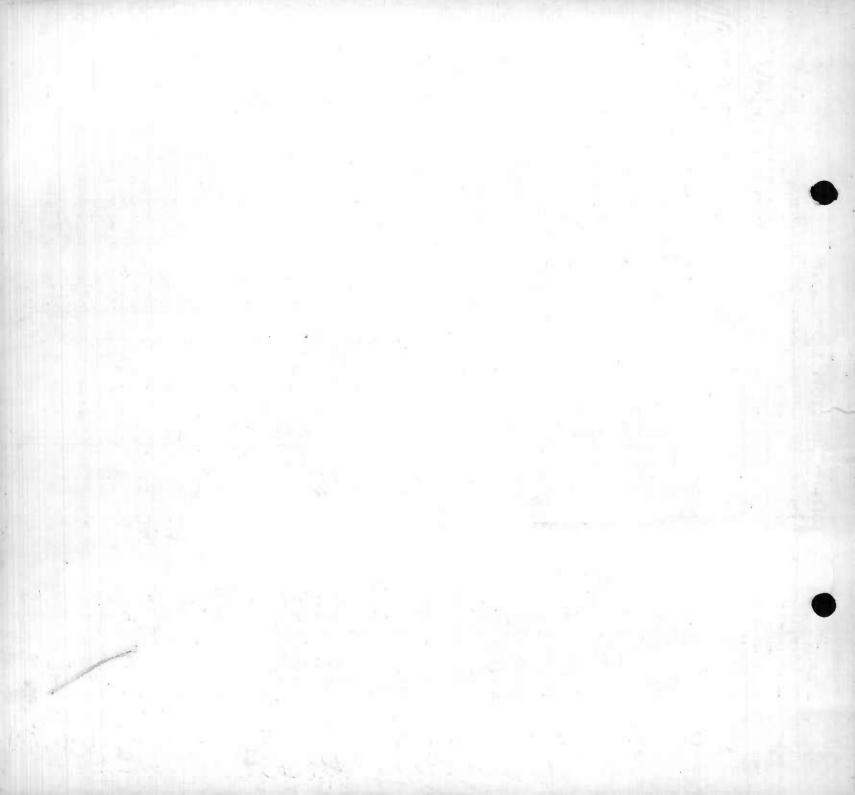
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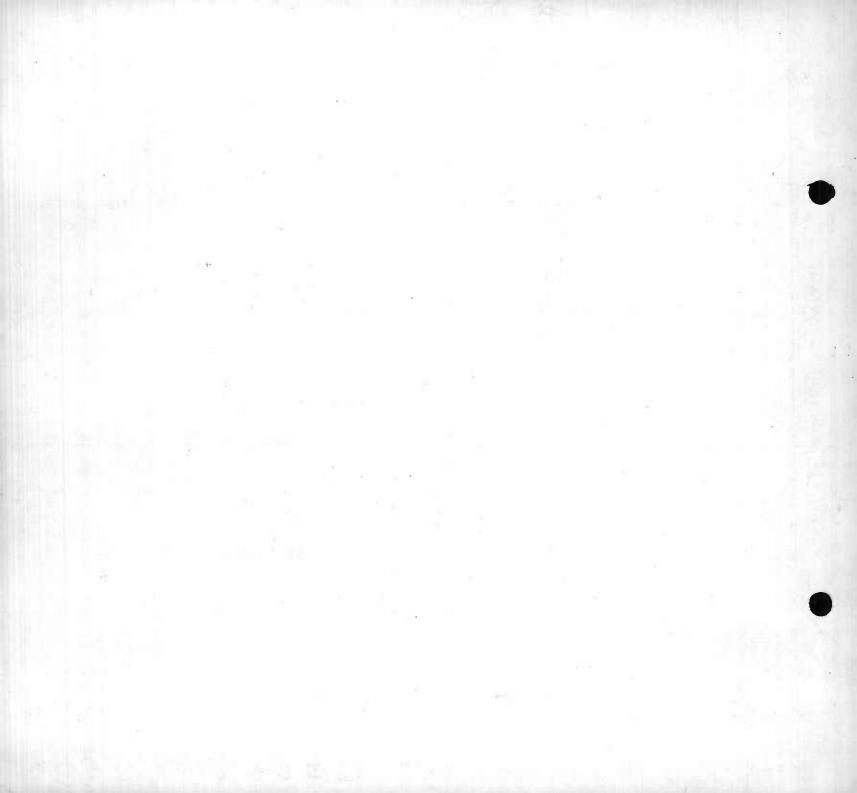
## MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

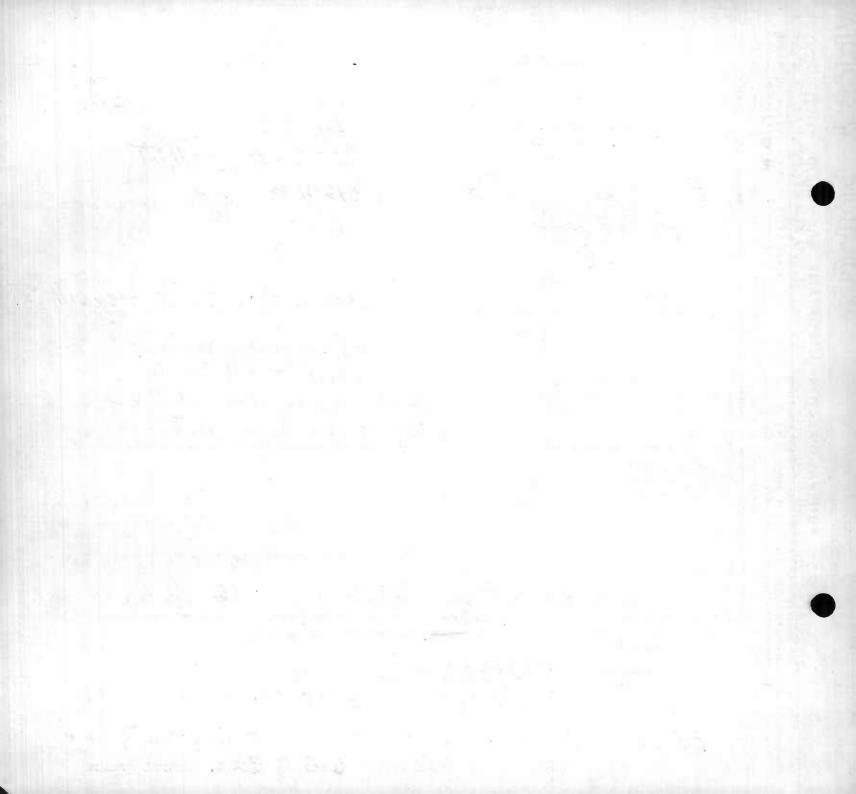
BIRTH NO.		WED	ICA	LE	AAMIINEK S	CKIII	CATEO	r DEAT	REG. N	5		
1. NAME OF DEC	CEASED				(5)	2. DATE	Known K	Month	Day	Yeo	or Hour	
(Type or Print)	Ţ	VILLIAN			JR (Boose)	OF DEATH	Estimated [		28, 1	F 0.0		P. M.
4. PLACE IN BAI						3. DATE	UNCED DEAD	Month	Day	Yes	ar Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	ESS OR LOCA	TION)	STITUTI	ON, GIVE STREET		RESIDENCE (Wh		28, 1		4:30	
00	Sona:	i Hospi	ita1			A. STATE	Maryland	ere decedsed il	B. COUNTY		5/1	)
6. SEX	7. RACE	1	B. MAR	RIED	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE	CITY LIMIT	rs?	
Male	Ne	egro	WIDO	-			Baltimor	е		YES	NO 🗆	
9. DATE OF BIRT	гĤ	10. AGE (In			nder 1 Yr. If Under 24 Hrs. ths Days Haurs Min.	E. STREET	AND NUMBER 3811 Bar	rington	Διζοημι	0		
11. BIRTHPLACE	Chata as fassis	1.9		12.6	ITIZEN OF	13. FATHE		I Ingcon	Avenu	-		
			,		WHAT COUNTRY?			_				
	imore,			D.OF	DUCINESS OF INDUCTOR	Wi	lliam A.	Boose				_
dane during mast of	warking life, ev	e kind of work en if retired)	140. KIN	D OF	BUSINESS OR INDUSTR	13. MOIH	EK 3 MAIDEN N	AME				
					lia analis		rtha Ast	rop		400000		
16. WAS DECEAS (Yes, no or unknown	SED EVER IN n) (If yes, give	U.S. ARMED war ar dates	of service	S? e)	17. SOCIAL SECURITY NO.	18. INFOR	MANT		0077	ADDRESS		
						Wi	lliam A.	Boose	3811	Barri	ington	
19. 5 9	10,10				CAUSE OF DEA	TH				1 33	APPROXIMAT BETWEEN ONSE	
DISEAS	SE OR COND	ITION DIRE	CTLY									
	LEADING TO	DEATH			(A)IMMEDIATE	AUSE	Drowning					
	not mean the e, osthenio, etc				DUE TO, OR	AS A CONSE						
Injury or co	mplication whi	ich coused de	oth.)									
	NTECEDENT	CAUSES			(n)							
DISEASES	OR CONDITI	ONS IF ANY	, GIVING	3	(B)DUE TO, OR	AS A CONS	EQUENCE OF:					
RISE TO TH	IE ABOVE CA	USE (A) STA	TING TH	E	7							
20					(c)	******	*******					
O THE DE	NIFICANT COI	T RELATED TO	THE TER	MINAL								
20A DATE O	R CONDITION				WHICH OPERATION W	AS PERFOR	MED			21 A	UTOPSY? (Y	es ar Na)
5 7	O LKINIO		1011101		William of Examers	AS TERTOR	.,,,,,					
₹ 22Å. EXTER	RNAL CAUSE	WAS		T228 I	PLACE OF INJURY (e.g.,	in as about	22C WHERE DI	7 /K in Rollina	ro City wive	evect leseti	Yes	
UNDERIVING	G XOR CON			home	e, farm, foctory, street, offic	e bldg., etc.)	INJURY OCCUR	?			10	41
	AUSE OF DEA		\ /!!	1	Swimming Po	01	4300 Cha	tam Rd.	- For	rest ]	Park So	chool
OF INJURY		Day) (Year		′	2E.INJURY OCCURRED	WINE	22F. HOW DID			•		
(APPROX.)	6-28-6	69 3	45 E	m. V	WHILE AT NOT	WHILE X	In pool	tor swi	mming	Lesso	ns	
23.	tify that I h	eld on I	nquiry		Inspection Au	topsy X	and that ar	this bosis,	deoth in n	ny opinia	ın	
resul	Ited from: N	laturol cou	ses 🗆	A	ccident V Suici	de	fomicide	Undetermi	ned monne			
1030	():	1	1	-			CHIEF MEDICA		П			
ACTUAL SIGN AT		lear	0 1	•	Vi zak	ASS	SISTANT MEDICA		$\overline{\mathbf{x}}$		DATE S	IGNED
EXAMIN NAME (	VER'S	Charles	s S.	Spr	ingate, M.D.	ASS	OCIATE MEDICA	LEXAMINER		June 2	29, 196	59
24A. BURIAL CRE	MATION,	24B. DATE		24	C. NAME of CEMETERY	or CREMAT	ORY 24	D. LOCATION	City, to	own, or cou	unty) (	State)
Burial		7-2-6	9		Baltimore Na	ational		Baltimo:	re, Mar	cyland	1	
25A. DATE REC'D	BYNEAUH	DEPLO			OF REGISTRAR		FUNERAL DIRE			ADDRESS		
	OOLI	1303	June	ه داره	- Jaber M.D.	A	rlington	S. Phi.	llips :	L727 I	. Monr	oe St.
VS 151-REV. 1/1/6	В	991	4 3	-	<del>7 () - )</del>	0	50	4				V
	1 4	1	For /									

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P-(	031	69 6594 BALTIMORE CITY HEALTH DEPARTMENT X REG. NO. 69 6594
, ,	7007	BIRTH NO. CERTIFICATE OF DEATH
2	deat deat ease n th Suc	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
`_	T O C	Prozecce PARRUTT 6-29-69 11:47AN
	of deat Obcease e on th	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  A. STATE  B. COUNTY
0.00	- 00	
Ę		HOSPITAL OR ADDRESS OR LOCATION)
2	se; (se)	ASOLITH BALTO, GEN. HOSP. YES NOT
.5	rang cause; cause; attend ior to	E STOFFT AND NUMBER
0	6 p _ d ÷	BOX 121 GaILESVILLE MD
_		5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Manths; Days Haurs; Min.
9	a se u	WIDOWED DIVORCED 6/13/05 64
	e e e e e e e e e e e e e e e e e e e	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign cauntry)
+	or o	done during most of working life, even if retired)  Nonestic
4	Jan 18	13. FATHER'S NAME
	wa the spos	
= :	His ir	LEE THORNTON UNKNOWN
A	al al	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give wor ar dates of service)  16. SOCIAL SECURITY NO.
ZTA Siste	the de line	219-32-7180 PAZA WANDE NUCHONE Gurnau Be.
OR	dar dar	18. 412 41 CAUSE OF DEATH
MP	d d d	DISEASE OR CONDITION DIRECTLY
2	Als	LEADING TO DEATH  (A) MMEDIATE CAUSE
	2000	(This does not meon the made of dying, e.g., heort foilure, osthenio, etc. It means the disease.
OR	n p r d e	injury at complication which caused death.)  ANTECEDENT CAUSES  Ouevalised Otheroscleus
5 .	frigo e	ANTECEDENT CAUSES
CT	E A A B B	DISEASES OR CONDITIONS, if any, giving DE TO, OR AS A CONSEQUENCE OF
DIRE	S II 3 e	rise to the above cause (A) stating the UNDERLYING CONDITION last.
5	lical rns; rsicia was main	
-1 7	die	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
S E	re and che a	TO THE DEATH BUT NOT RELATED TO THE TERMINAL    I DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNER	he dy	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z 5	e × + B	
E 3	10 P P P P P P P P P P P P P P P P P P P	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?
+	be che	DEATH (notify medical examiner) etc.)
ž	od z Z p	21D. TIME (Manth) (Doy) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
- 6	hos natu d (6) d ine	OF INJURY  (APPROX.)  White At Not White At Work
	x x ce	22. I certify that (1) (this hospital) attended the deceased from 6-Ng 19 69 to 6 29 19 69
	0 = H 0 0 0	that (1) (we) last saw the deceased alive an 6 - 29 19 69 and that in(my) (aur) apinlan death accurred an the Bat
	be to to	
2	dent of ospital death)	and haur and from the causes stated abave. (1) (We) (did) (did nat) view the body after death.  23A. SIGNATURE  / 23B. DATE SIGNED
		Attending to Med. Staff
1	acci acci a h r to	DEGREE Phys. Director Phys. Director Phys.
	was r An a L at a prior	23C. PHYSICIAN'S NAME (Type)
	cerriticate m sody was rel rs: (1) An acc D.O.A. at a f ased prior to	C. DORKAN, MD 328 Hospital Ovive. They surve, M
	\$ 0 0 E	24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY of CREMATORY 24D. LOCATION (Cry. Jown, of county) (Stote)
	the body shows: (1) was D.O. deceased written a	Duried 7/5/69 Etieneser Fallsmille 1. U. M.
	the bocsthows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAY
	EFE ( 0 )	JUL 1 1969 Robert E. Jaber N.D. Jett D. D. June Committee





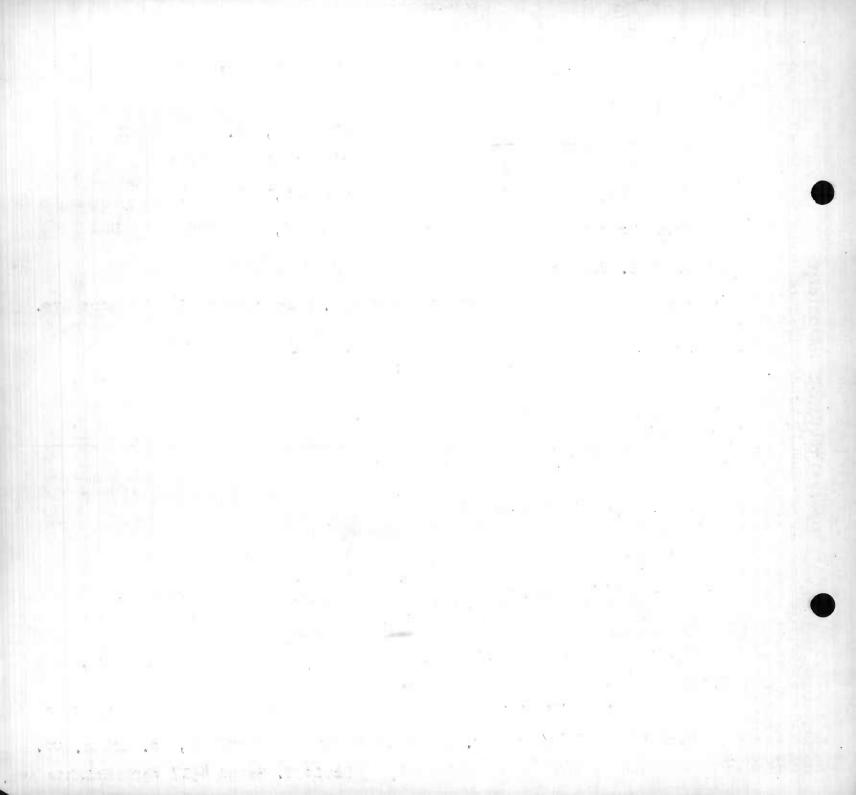


REG. NO.	69	6597
	00	

BIRTH NO.	EASED		CERTIFICA	ATE OF		ID HOUR OF DEAT	н	-
(Type or Print)	LAWRENCE	ARTHUR	THOMAS		June	28, 1969		11:45 A,
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	ITION, GIVE STREET	4. USUAL R	B. COUN	re deceased lived. If	institution; residen	ice before odmission
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR T			VSIDE CITY LIMITS	_
00 5	349 Denmore	Avenu	e		more N		YES X	NO 🗌
5. SEX	6. RACE	To E				e Avenue		
Male	Negro	WIDOWED		Augus	t 5,192	9. AGE (In years lost birthday)	If Under 1 Yr Months Doys	s Hours Min.
	JPATION (Give kind of work working life, even if retired) Driver	Stone			ord, Ma		USA	A
13. FATHER'S NA	ME				S MAIDEN NA			
John	T. Thomas			Mam	ie Johr	nson		
5. Wos Deceosed	Ever in U. S. Armed Far (If yes, give was as date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMA			ADD	DRESS
No	, , , ,		216 16 929	2 Mrg.	Mary Th	omes 574	9 Denmor	re: Ave
DISEASES ( rise lo lh UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR CO TYPA. DATE OF April 2 21 A. ACCIDE OR CONTRIBIT DEATH (notify)	ANTECEDENT CAUSES OR CONDITIONS, if a abave couse (A) GONDITION lost.  II CLANT CONDITIONS COMBUT ON TOT RELATED TO TON CONDITION GIVEN IN PART OF CONDITION CONDITION CONDITION GIVEN IN PAS PER CONDITION CO	ony, giving staling the NIRIBUTING HE TERMINAL TO (A). DOTTON FOR WE FORMED 218.	ON PLACE OF INJURY (e.g., e, form, foctory, street,	20A. AUTC No	DPSY? (Yes or No		RE FINDINGS CON CAUSES OF DEAT	H?
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED	nile 🗀	HOW DID INJ	URY OCCUR?		
that (1) (v¾€)	Mrs III	) attended the	June 27,	pril 14	and the grant of t	1969_ta_Ju at in(my) (XX) a	238. DATE SIG	
Ernes		M.D.	GEGRE	3414	Duvall A	venue Bal	timore, I	Md. 21216
24A. BURIAL CRE REMOVAL (	MATION, 248. DATE	24C. NA	ME of CEMETERY OF C				(City, town, or cou	
Burial	7/2/8	59 St	Lukes Ce	meterv	H	broford	VA Dez 4	to Co
25A. DATE REC'D	BY HEALTH DEPT.	258. NAME O	FREGISTRAR	25C. FUN		reford,		
U	UL 1 1969 (	Robert E.	Jaber M.D.	Lowi	s T G	rynn 4517	Park He	ights Av

Lowis

To Grynn 4517 Park Heights Ave



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(1)

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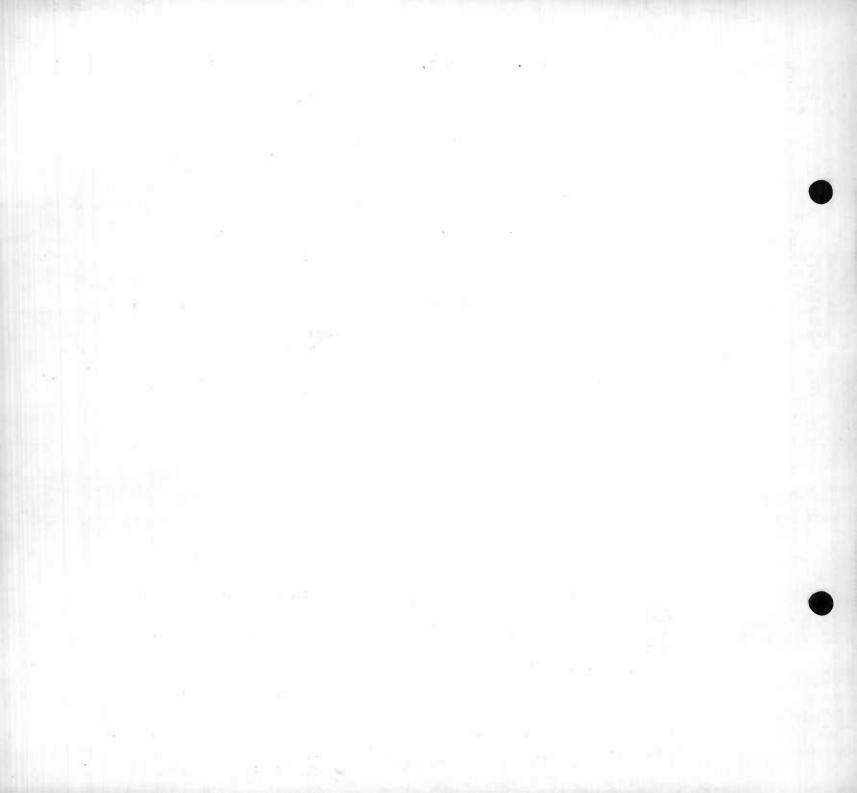


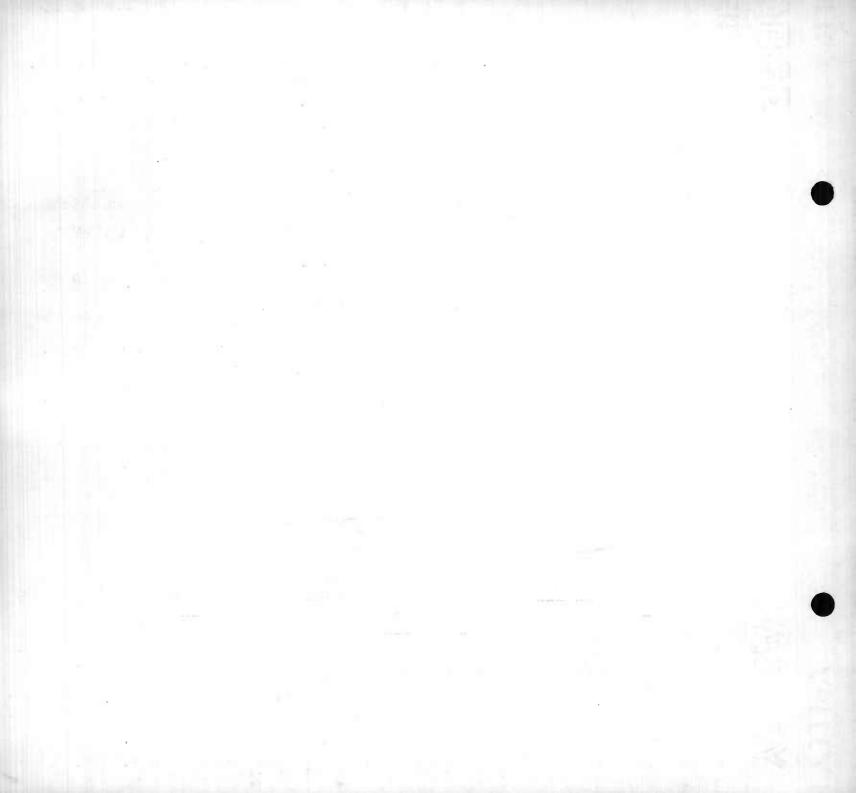
6599 BALTIMORE CITY HEALTH DEPARTMENT

69 6590

RIE	RTH NO.	MED	PICAL	EX/	AMINER'S	CERTIFI	CATEC	OF DE	ATH	REG. NO		000	<i>7</i>
	NAME OF DEC	FASED		DI	RITCHETT	DATE	Known X	Mai	nth	Day	Year	Hour	
	an an Dainth	_	renc	_	RICHETE	DATE OF DEATH	Estimoted			27, 196		Hour	М.
4.	PLACE IN BALT	IMORE, MARYLAND, V	VHERE PR	ONOU	NCED DEAD	3. DATE		Moi	nth	Doy	Yeor	Hour	
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INS	IITUTION	, GIVE STREET		JNCED DEAD	June		1969	ratidance	3:10	
		es Hospital			(DOA)	A. STATE	Maryland			COUNTY	7	02,	saidit
6.	SEX	7. RACE	8. MARR	IED 🗌	NEVER MARRIED	C. CITY OR	TOWN		0	. INSIDE CIT	Y LIMITS?		
	Male	White	WIDOW	VED 🗌	separate	l .	timore			YES		NO 🗆	
9. 1	NOV.	lost birthdo	yeors y) 34		r 1 Yr. If Under 24 Hrs. Days , Hours , Min.		N. Rose						
11.	BIRTHPLACE (S	tate or fareign country)		12. CITI	ZEN OF	13. FATHER	SNAME						
	Bal	timore			AT COUNTRY?	Geo	rge C.	Pri	tche	tt			
don	eduring most of w	PATION (Give kind of work arking life, even if retired)							2				
	Linem				Gas & Elec		len E.					0 1 0 1	
	s, no ar unknown)	D EVER IN U.S. ARMER (If yes, give war ar dates Korean			SECURITY NO.		n E. P					2121	4
-	yes	KOLEGII	_		CAUSE OF DEA		11 1 1	LILL	11600	, ino care		PROXIMATE II	NTERVAL
	4-10	2171			Arterios				1	diana	BETV	VEEN ONSET	ND DEATH
		OR CONDITION DIRE	CTLY		Arteriost	HELOCI	e carure	Ovasci	ular	uiseasi			
	4 -	EADING TO DEATH			(A)IMMEDIATE C								
	heart failure,	at mean the mode of dy asthenia, etc. It means the	disease,		DUE TO, OR	AS A CONSEQ	UENCE OF:						
	injury or com	plication which coused de	ofn.)										
	AN	ITECEDENT CAUSES			(8)								
	DISEASES C	ABOVE CAUSE (A) STA	, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:						
-		IG CONDITION LAST.	IINO INE		(c)								
ó					(0/								
¥	OTHER SIGN	II IFICANT CONDITIONS C	ONTRIBUT	ING									
CERTIFICATION	TO THE DEA	TH BUT NOT RELATED TO	THE TERM	INAL									
RT		OPERATION 208. CO			HICH OPERATION W	AS PERFORM	ED				21. AUTO	PSY? (Yes	or No)
S	21										Υe	es	
K	22A. EXTERI	VAL CAUSE WAS			CE OF INJURY (e.g.,				Baltimore	City, give exac	t lacation)		
MEDIC		OR CONTRIB-	ul -	home, fo	orm, foctory, street, offic	e bldg., etc.) II	NJURY OCCU	IR?					
Σ	OF INJURY	Manth) (Doy) (Yea	r) (Hou	1	INJURY OCCURRED		2F. HOW DID	INJURY	OCCUR	?			
	(APPROX.)			m. WHI		ORK							
	23.		_					TV I			100		
	1 certi	fy that I held on I	nguiry L		nspection Au	topsy X	ond that a	on this b	asis, d	eoth in my d	pinion		
	result	ed from: Natural cau	ses 🔯	Acc	ident Suicia	le 🗌 Ho	micide 🗌	Unde	termine	d manner [	]		
Н		100	0		)		CHIEF MEDIC	AL EXAM	INER [				
	ACTUAL	( leas !	10	1	- Alex	ASSI	STANT MEDIC	AL EXAM	INER K	$\overline{\mathbf{x}}$		DATE SIG	NED
	SIGNATU			7	M.U	ASSC	CIATE MEDIC	AL EXAMI	INIED	7		6-28-	69
	NAME (T	CHALLES	S. Sp	ring	ate, M.D.	ASSC	CIAIL MEDIC	AL LAMIN	II 4EK			0 20	, ,
24	A. BURIAL CREA	MATION, 24B. DATE		24C.	NAME of CEMETERY	or CREMATO	DRY 2	24D. LOCA	ATION	(City, town,	ar county	) (Ste	ate)
RE	MOVAL IS TOG	7/1/6	9	0	ak Lawn Co	emeter	У	Bal	time	ore, Me	d.		
25	A DATE BECID	DV MEATTH DEDT	250 1										
23	A. DATE REC D	BY HEALTH DEPT 196	3 230. 1		F REGISTRAR	'Sc	himune	K Fu	nera	al Hom	e, I	nc.	

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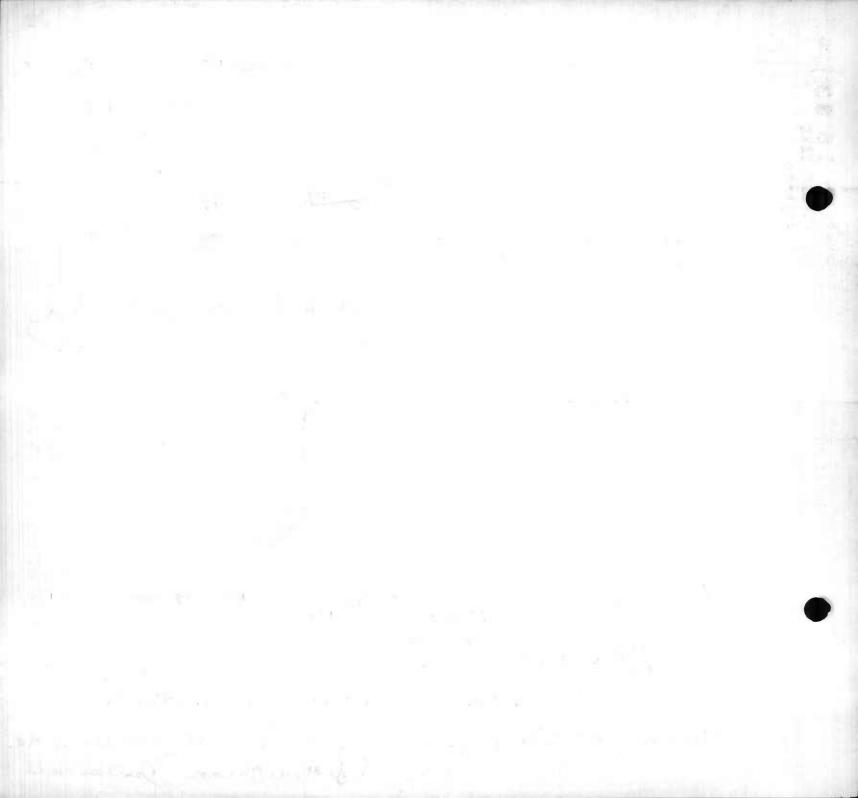


						BALTIMORE CITY HE			E DEA	T11	CO	000	
RIE	TH NO. 67-	0658	MED	ICAI	. CX	AMINER'S	LEKITI	CATE O	r DEA	REG. NO.	03	000	4
1.	NAME OF DEC	DAV	Alle ID 3	n URATO	BAC	JURATOVAC	2. DATE OF DEATH	Known X	Month June	28, Doy 196	9 Yeor	Hour	м.
4.	PLACE IN BALT	IMORE, MAI	RYLAND, W	HERE P	RONOL	JNCED DEAD	3. DATE		Month	Day	Yeor	Hour	741.
HO	L NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITA	L OR INS	OITUTIT	N, GIVE STREET		ESIDENCE (Whe		28, 196		10:30	М.
	J	ohns Ho	pkins	Hosp	oita	1 (DOA)	A. STATE	Marylan		B. COUNTY	7	02	
6.	SEX	7. RACE		8. MARI	RIED 🗌	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS	?	
M	ale	White	2	WIDO				Baltimo	re	Y	ES 🗌	NO 🗆	
	DATE OF BIRTH $4/1/67$		10. AGE (In lost birthdox 2			er 1 Yr, If Under 24 Hrs. s   Doys   Hours   Min.	E. STREET	835 N.	Miltor				
_	BIRTHPLACE (S	tote or foreign			12. CI	TIZEN OF	13. FATHER						
	Ralti	more,	Md.		W	HAT COUNTRY?	Lo	ring Sm	ith				
14A don		ATION (Give	kind of work	148. KIN	OF BU	USINESS OR INDUSTRY							
16	WAS DECEASE	D EVER IN L	IS ARMED	FORCE	S2  1	7. SOCIAL	18. INFOR	cquelin	e Eve		DDRESS		
(Ye	s, no or unknown)	(If yes, give w	or or dotes	of service	)	SECURITY NO.		eline J	urato			ahove	
	19.	14.7				CAUSE OF DEA	-	errie 5	azacc	, 1110		APPROXIMATE IN	
	(This does no heart failure,	E OR CONDI EADING TO of meon the costhenio, etc. plication which	DEATH node of dy It means the	ing, e.g., diseose,		(A)IMMEDIATE O	CAUSE Cet	rebro-cra	nial i	njuries			
7	DISEASES O	R CONDITION ABOVE CAU	NS, IF ANY			(B) DUE TO, OR	AS A CONSE	QUENCE OF:	***********************************				
CERTIFICATION	TO THE DEA	IFICANT CON	RELATED TO	THE TERM	AINAL	***************************************							
CERT	20A. DATE OF	OPERATION	208. CON	NDITION	FOR W	HICH OPERATION W	AS PERFORA	MED			21. AUT	OPSY? (Yes o	r No)
MEDICAL	UNDERLYING UTING CA		RIB- TH.	) (Нос	home,	ACE OF INJURY(e.g., form, loctory, street, office street EINJURY OCCURRED	e bldg., etc.)	22C. WHERE DIE NJURY OCCUR? Rose St. 22F. HOW DID I	721 8	S. of Ash	oct locotion	)	2
	23.	<del>-</del> 28 <del>-</del> 69		5 A.	m. WC	ORK L AT W	VORK K			cuck by t			
	result ACTUAL SIGNATU EXAMINI NAME (T	R'S C	narles	Spec [	Ac	Inspection X Au Fident X Suicio Fal M.D.  ngate, M.D.	de H	OMICIDE CONTROL CAN CONTROL CA	Undetern EXAMINEI LEXAMINEI LEXAMINEI	i 🖟	ine 29	DATE SIGN	
	A. BURIAL CREA MOVAL (Spęcil Burla	y)_	6/30/	69		NAME of CEMETERY Holy Redee			Balt:	imore,	n, or count	y) (Sto	e)
25	A. DATE REC'D	JUL 1	1969	17		of REGISTRAR	25C.	FUNERAL DIRECTION OF 13331		neral H		Inc.	

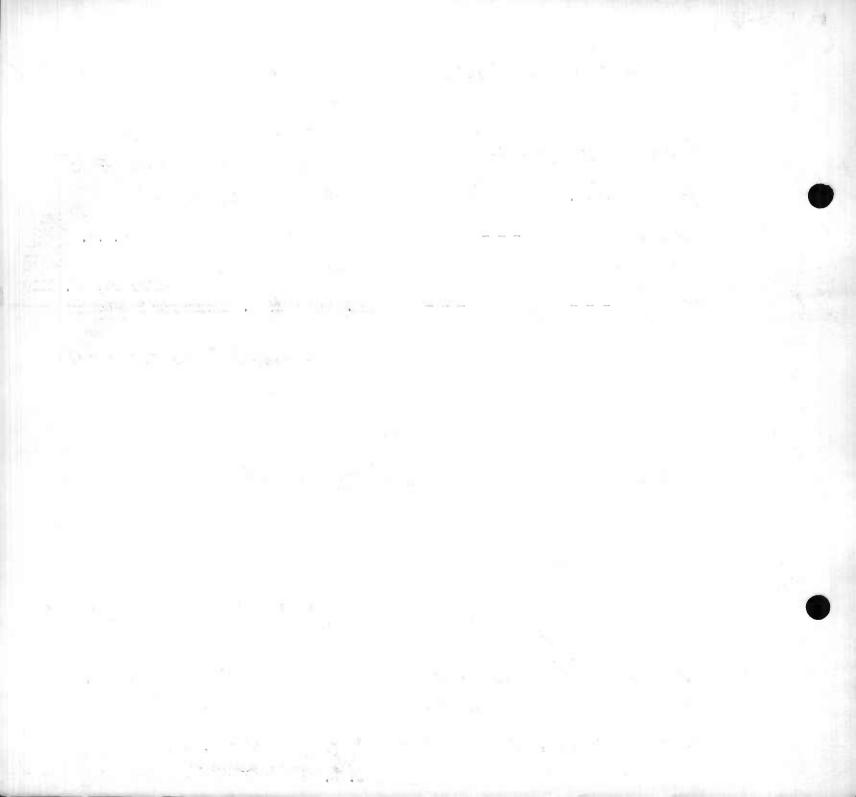
. Live bearing the second of t राज्यकार, विवारित्रकार, .स. व्याप्त वास्ति वास विवार

Md. Baltomers May 21 189 80 Year Co Penna USA Mary Butcher Burial a sepertree tom Carriery Hen Inches tenna

F 65	5 69	RELIA	HEALTH DEPARTMENT		69 6604
BIRTH NO.		CERTIFICA	TE OF DEATH	KEG. 140	
I. NAME OF DE	CEASED		2. DATE	AND HOUR OF DEATH	
Type or Print)	Zeke Forman		27	June 169	, 3:05 P
3. PLACE IN BA	LTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (V. A. STATE B. CO	Where deceased lived. If in	stitution: residence before admission
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	BALT I MORE	SAP-HH	DE CITY LIMITS?
22			BALTIMORE		YES NO
22	THE JOHNS HOP	KINS HOSPITAL	E. STREET AND NUMBER	2	11.5
5. SEX	6. RACE 7. 44		I ROUTE #3	BOX 165 B.	•
MALE	The state of the s	ARRIED NEVER MARRIED OF DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months: Doys Haurs Min.
	UPATION (Give kind of work 108,	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlote of	oreign country)	12. CITIZEN OF WHAT COUNTR
	( Working life, even if refired)	4	24.0		100
13. FATHER'S NA	mung 7	ormer	MY		usin
			14. MOTHER'S MAIDEN N	IAME	
	H FORMAN  d Ever in U. S. Armed Forces?	1 6 SOCIAL	PEARL	BUTLER	
ites, no or unknows	n) lif yes, give wor or doles of	SECURITY NO.	17. INFORMANT		ADDRESS
NO			alles Di	rown V	antown had
18. 0 3	891	CAUSE OF DEAT	1	- /-	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DIRECTL	Y			BETWEEN ONSET AND DEATH
	LEADING TO DEATH	ALABAMETA OF A A STATE OF A STATE	sis		2 hrs.
This does	not mean the mode of dying	B.C	A CONSEQUENCE OF:		
injury or cor	asthenia, elc. II means the amplication which caused deat	ISEOSE.			
	ANTECEDENT CAUSES				
		(B)			***************************************
rise to th	OR CONDITIONS, if any, se above couse (A) slatin	giving DUE 10, OK AS	A CONSEQUENCE OF:		
UNDERLYIN	G CONDITION last.	(c)			
_	11				
O OTHER SIGNI	FICANT CONDITIONS CONTRIB	UTING			
DISEASE OR	TH BUT NOT RELATED TO THE TER CONDITION GIVEN IN PART 1 (A)	******************************			***************************************
OTHER SIGNII TO THE DEA DISEASE OR C	F OPERATION 198 CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? IVes or	No. 208, IF YES, WERE F	INDINGS CONSIDERED
U 21A. ACCIDE	NT WAS UNDERLYING UTING CAUSE OF	218. PLACE OF INJURY le.g., in	or about 21C, WHERE DID	III In Baltimare	City, give exact location)
DEATH (natify	TING CAUSE OF medical examined	hame, form, factory, street, aft	ice bldg., INJURY OCCUR?	h. III poniuo.	City, give exact location;
21D. TIME	(Month) (Doy) (Year) (Hou	d 21E INJURY OCCURRED	21F. HOW DID I	NUIRY OCCUP?	
OF INJURY (APPROX)		While At   Not While Work   At Work		TONE VOUNT	
22. I certify	that (i) (this hospital) atte		June	_19 169 to 27 3	fune 169
that (1) (we)	last saw the deceased all	e on 27 June	19_169and	that in (my) (our) apin	ion death accurred on the date
and have an	d from the causes stated ab	ove. (I) (Me) (did) (did(not) vi			
23A. SIGNAT	REI A M	115			23 & DATE SIGNED
$\perp$ $\sim 10^{-1}$	(aber 1 /1. 1/1)	un Me De Atter	nding Med.	Staff Phys.	27 1 6
23C. PHYSICIA	IN'S	DEGREE	3D. ADDRESS	Phys. L.J	d/some 61
NAME (T	Robert A. Norum	M.D	Johns Hopkins	Hospital, Bal	timore, Md.
24A. BURIAL CRE	MATION, 248, DATE	DEGREE 24C. NAME of CEMETERY OF CRE	MATORY	LOCATION (C)	town as as the same of the sam
2 REMOVAL	Specify) JULY 1969	11 00	0 0	LOCATION (City	town, or county) (Stote)
nena	-000 1,1101	Hope Church	chyera (	antorelle	Oblantime Ho
ZOA. DATE REC'D	1011 01969 250	ME OF REDISTRAR	25C. FUNERAL DIRECTO	Shoone	ADDRESS
VS 150-REV. 1/1/		7 0 7 2	Jan Jan	Bucone	Ponton, kid



owe'll Lemmon 4611 Park Heights Avenue



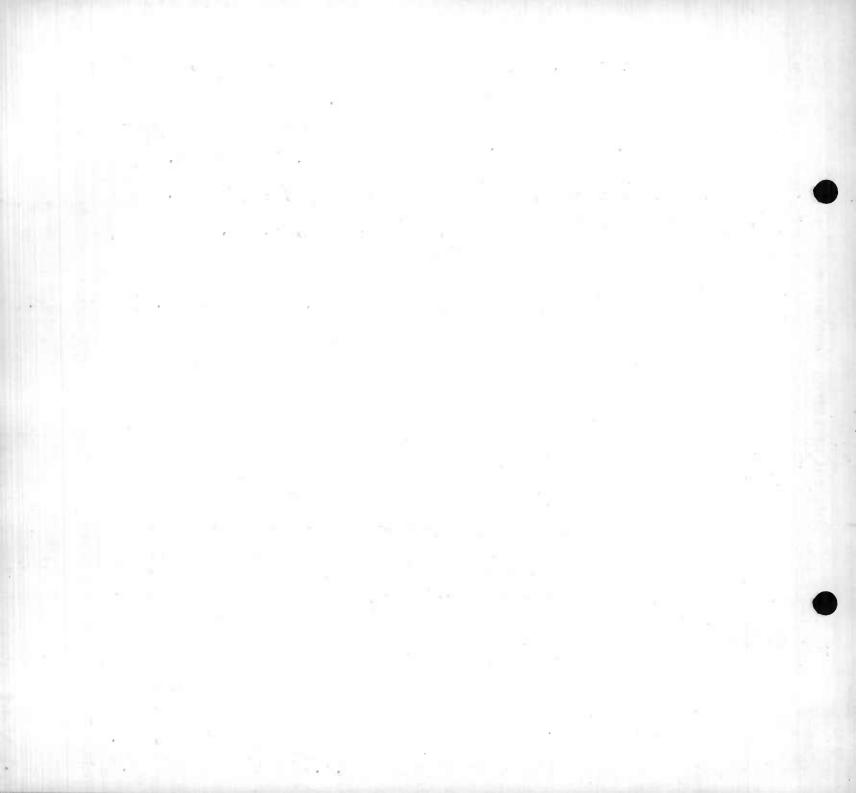
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BALTIMORE CITY HEALTH DEPARTMENT

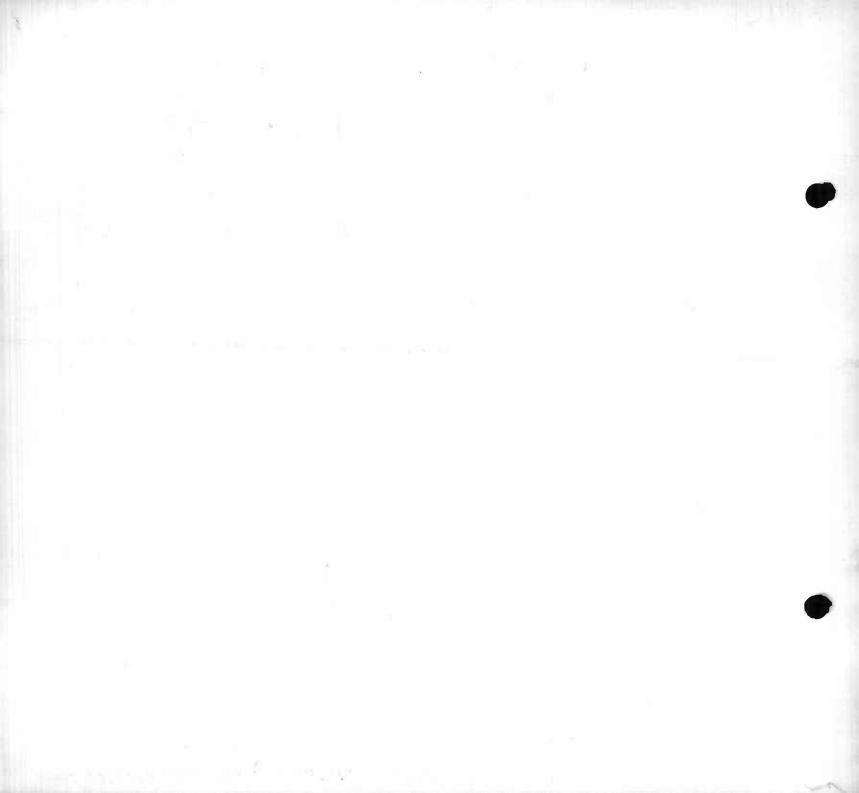
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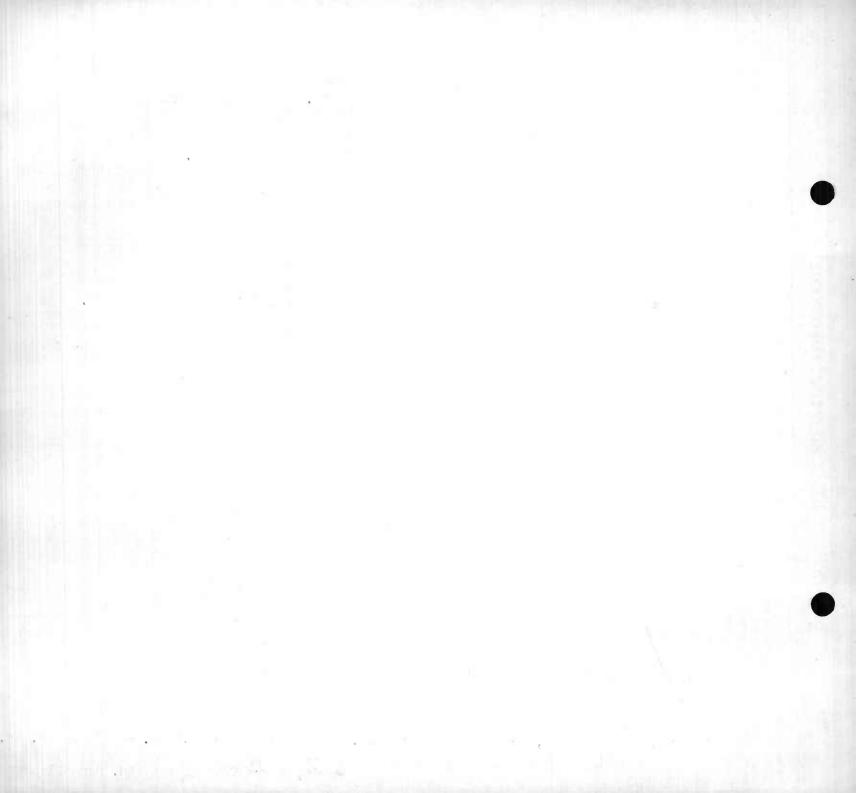
IRTH NO.	IFICATE OF [		D. O.C. DE ATIL				
NAME OF DECEASED		2. DATE AND HOU					
BERTHA M. HUFFMAN  B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A TISHAL RE	SIDENCE (Where decea	27, 1969	on: residence before odmissia:			
. PEACE IN BACHMORE MARIEAND, WHERE PRONOUNCED DEAD	A. STATE	B. COUNTY		1 1			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STI	REET MD.			1101			
HOSPITAL OR ADDRESS OR LOCATION) NISTITUTION	C. CITY OR TO	NWN	D. INSIDE CI				
50		BALTIMORE YES X NO					
O O205 E. PRESTON ST.	E. STREET AN						
		E. PRESTO	N ST.				
SEX 6. RACE 7. MARRIED NEVER MAR	RRIED B. DATE OF BI	RTH 9, AGE	(In years If L aday) Mor	Jnder 1 Yr. If Under 24 Hr oths: Doys Haurs Min.			
EMALE WHITE WIDOWED DIVOR	RCED JUNE	14/92 77	YRS.				
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR I		E (Stole or foreign coun		CITIZEN OF WHAT COUNTI			
ane during mast of working life, even if relired)	77.7.0.3.5.4	a II W					
AT HOME  3. FATHER'S NAME	14. MOTHER'S	S. W. VA.					
				0			
?				?			
5. Was Deceased Ever in U. S. Armed Farces? (es,na arunknawn) (If yes, give wor or dates of service)  16. SOCIAL SECURITY N	NO.	11		ADDRESS			
	TOHN T	HUFFMAN	205 E.	PRESTON ST.			
18. // CAUSE C	OF DEATH	#11 03 3 11211V	5000 500	APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY	$\sim$			BETWEEN ONSET AND DEA			
LEADING TO DEATH	EDIATE CAUSE Caedea	e lleres		du & den			
(This does not meen the made of duine and							
tinis does not mean the mode of dying, e.g., DUFT	TO, OR AS A CONSEQUEN	CE OF:					
heort foilure, osthenio, etc. It meons the diseose, injury ar complication which caused death.)	TO, OR AS A CONSEQUEN	CE OF:		2			
heort foilure, osthenio, etc. It means the disease,	TO, OR AS A CONSEQUEN	CE OF:	exte	?			
heort foilure, osthenio, etc. Il meons the diseose, injury ar complication which caused death.)  ANTECEDENT CAUSES  (B)	TO, OR AS A CONSEQUENT	CE OF:	evele	.?			
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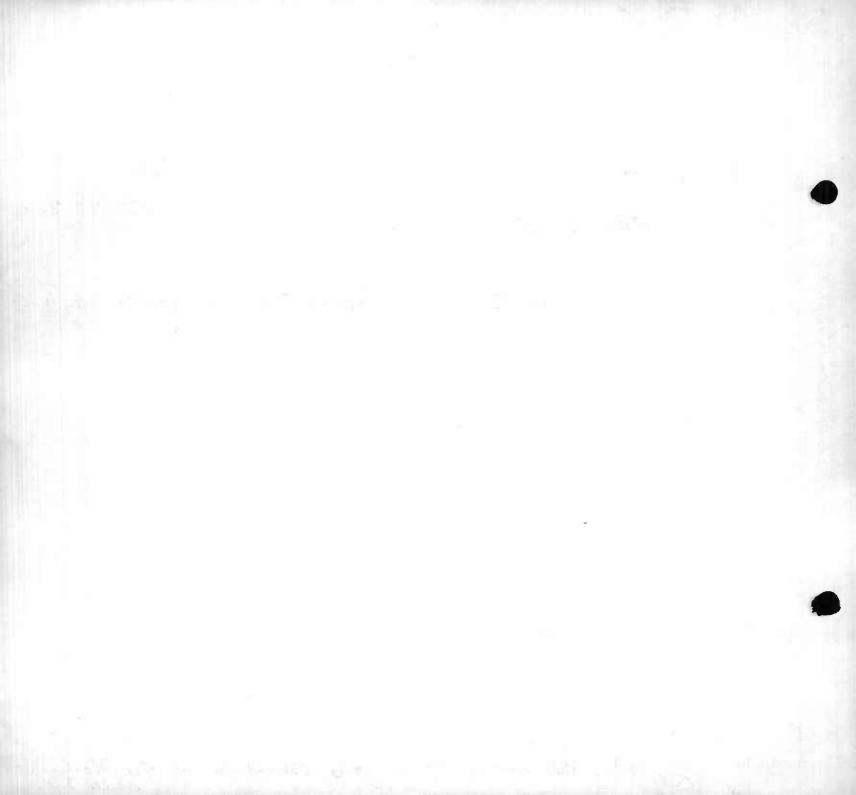
	69	00	BALTIMORE CITY	HEALTH DEPARTMENT			
BI	RTH NO.	66	CERTIFICA	TE OF DEATH	REG. NO	69	6607
	NAME OF DECEASED					00	
	pe or Printle William J.	11	ralosty	6	-26-69		605 AM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If in	nstitution: reside	ence before odmission)
FIH	ILL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	1	IDE CITY LIMIT	749
	/2. 2	. , ,	n	Balto	D. 1143	YES IC	NoП
18	Md. General Hospi	TRY		E. STREET AND NUMBER	_1 /	1	140
	,			1615 Ing	ram Rd	21	212
5.	SEX 6. RACE 7. M	ARRIED	NEVER MARRIED	8. DATE OF BIRTH 9	. AGE (In years	If Under 1	re , If Under 24 Hrs.
	/// WID	OWED	DIVORCED	4-14-471	ost birthdoyl	Months Doy	Hours Min.
10.	LUSUAL OCCUPATION (Give kind of work 108, K	IND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreig	n country)	12. CITIZEN	OF WHAT COUNTRY?
	retired			Balt more	md.	a	SA
11.3.	FATHER'S NAME	. /	, ,	14. MOTHER'S MAIDEN NAM	(E	,	
1	William F.	nal	00/4	Catherin	e Lyno	ch.	
(Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dales of s	ervicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT		AD	DRESS
_	NO		217-07-6981	tinne.	R. M.	2/00/4	Wate.
	18 / 5 3 01		CAUSE OF DEATH				PROXIMATE INTERVAL
li	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Y		( 4			EEN ONSET AND DEATH
	(This does not meen the mode of dving	. e.a.	(A) IMMEDIATE CAU		ia	8	days
	heart failure, asthenia, etc. If means the dinjury ar complication which caused death.	sease,	DUE TO, OR AS	CONSEQUENCE OF:			
	ANTECEDENT CAUSES		m Cares	minia d	(001100		
	DISEASES OR CONDITIONS, if any,	giving	DUE TO, OR AS	A CONSEQUENCE OF:	CCCOOL		
	rise to the above cause (A) stating UNDERLYING CONDITION lost.	g the	(c)	1			
	11		(C)				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBU	IING					
	10 THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).		*************				
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME	D-	l Obstruct	20A AUTOPSY? (Yos of No)	208, IF YES, WERE IN CERTIFYING CAL	FINDINGS CON	NSIDERED
CAL C	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examined)	21 B, hometca)	PLACE OF INJURY le.g., in s, form, foctory, street, off	or obout 21C. WHERE DID	(If In Boltimore	e City, give exa	cl location)
	21D-TIME IMonth) (Doy) (Year (House	) 21E	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
Z	OF INJURY (APPROX.)	Whi	Not-While			, ,	
	22. I certify that (1) (this hospital) atter	33752		6/18/69		126/16	
	that (1) (we) lost sow the deceased ally		6/26/69	17		plan doub	19
	and hour and from the causes stated about		(Wa) (did) (display)	au the hada after daret	in (my) (our) opis	non decin oc	curred an the dote
	23A. SIGNATURE	7	( they (ala) (alasilog) VI	ew the bady after death.		23B, DATE SIG	NED.
	Jale P. Kake		M. D. Atten	ding Med. St	kaff lys.	6/26	110
	23C. PHYSICIAN'S NAME Nypel		DEGREE	D. ADDRESS	174.	101-0	7-1
		ER		Mary land	anneral	2 Hosn	10
24A	BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NA	ME of CEMETERY of CREA	MATORY 24D. LOC	CATION (Cit	y, town, or cou	ntyl (Siote)
	urial 6/30/69	Pa	rkwood Cem.	Ba '	ltimore C		
25 A		AME O	F REGISTRAR	25C. FUNERAL DIRECTOR		A	DDRESS
1/5	JUL 1 1969 J.	الهديال	ic. Jaiber M.D.	COF EVANS	SON 8802	Harfo	rd road
A 2	50-REV. 1/1/68						



IRTH NO. 69-11568	CERTIFICA	2. DATE AN	D HOUR OF DEATH	Н
PLACE IN BALTIMORE MARYLAND, WHERE PR	DNOUNCED DEAD	14. USUAL RESIDENCE (When	28 196 e deceosed lived. 11	9 12:15 A
ULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)		Md.	Baltimore	
34 BON SECOURS HO		Randallstown E. STREET AND NUMBER	D. IN	YES NO X
		357 Marriotsv	ille Rd.	
SEX 6. RACE 7. MARF	WED DIVORCED	JUNE 27, 1969	9. AGE (In years lost birthday)	H Under 1 Yr. If Under 24 Months Doys Hours Mi
one during most of working life, even if retired)		LUNITED STA		UNITED STAT
C CORRE				TIANTU
Wos Deceased Ever in U. S. Armed Forces?	16. SOCIAL	MARIANNE LO	0156 2	ADDRESS
es, no or unknown) (If yes, give wor or dotes of servi	none  CAUSE OF DEAT	George Still 3		
(This does not meon the mode of dying, heart failure, aslhenia, etc. It means the dise injury or complication which coused death.)  ANTECEDENT CAUSES	eose,	A CONSEQUENCE OF:	~~~ /vy	
heort failure, osthenia, etc. It meons the dise injury or complication which coused deoth.)	e.g., DUE TO, OR AS ving DUE TO, OR AS lhe (C)	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dise injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, give to the above cause (A) stating UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMITED DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 119B. CONDITION 1	ving (B) DUE TO, OR AS (B) DUE TO, OR AS (C) CO.	A CONSEQUENCE OF:	)] 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
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heort failure, osthenia, etc. It means the dise injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, gi rise to the obove couse (A) stating UNDERLYING CONDITION lost.  II  OTHER SEGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  44. BURIAL CREMATION, [248. DATE 124]	e.g., DUE TO, OR AS  ving  The  (B)  DUE TO, OR AS  DUE TO, OR AS  PLACE OF INJURY (e.g., in the property of the property)  21B. PLACE OF INJURY (e.g., in the property)  21E. INJURY OCCURRED  While At Not While At Work  Not While At Work  At Work	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ 19	208. IF YES, WERING COMMITTEE IN CERTIFYING COMMITTEE IN CERTIFYING COMMITTEE IN CERTIFYING COMMITTEE IN COMM	incre City, give exact lacotion)  2 - 28 19 6  pinian death accurred an the  23B, DATE SIGNED  6 - 28 6 9



69 66		HEALTH DEPARTMENT		00 000
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	69 6609
1. NAME OF DECEASED	6	2. DATE A	ND HOUR OF DEATH	
519W4U, 49	eorge u.	6	128/69	5.45P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	0	A. STATE B. GOU	ete deceopsed lived. If in:	stitution: residence before admission)
FULL NAME OF (If not in hospital or institution	in, give street	Maey la	ud.	2582
HOSPITAL OR oddress or locotion) INSTITUTION		11 10 1/11-		URAL and give township)
24 22 82	. Il m. 151		rurol, give locotion)	
3 Franklin Squa	R 4708 1204	1924 10	elele. A	no = (21220)
5. SEX 6. RACE 7. MARRI	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 His. Months: Doys Hours Min.
WIDOV	VED, DIVORCED (specify)	1/4/95	lost birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND		11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
done during most of working like even if retired)	Iland Glass	Mausto	x A o d	WHAT COUNTRY?
13. FATHERS NAME	flord season	14. MOTHERS MAIDEN NA	ME	melice-
JAMES KLDWEL	t.	CAPPA	FONITZ	
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	101012.	ADDRESS Co. 10
(Yes, no ar unknown) (If yes, give war ar dates of service	SECURITY NO.	9 1211 +9	):	811 (2/2)
1018-WW	191013841	the albert s	edwell 193	28 Tacksley / tve
DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	0	ONSET AND DEATH
LEADING TO DEATH		, Ht - Hype	etelling	
(This does nal mean the made of dying, e heart failure, asthenia, etc., It means the disea	g., DUE TO	Emplife	P	. aanna <b>a a</b> n 35 a 55 ab an 5 a a a 5 a a a 5 a a a a a a a a a
injury or complication which caused death.)	56,	I A de	V-0	
ANTECEDENT CAUSES	(8)	1750	01)	
DISEASES OR CONDITIONS, if any, givi	ng			
rise la lhe abave cause (A) stating I UNDERLYING CONDITION last.	he (C)	**************************************		
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DISEASE OR CONDITION CAUSING IT.		Too a	V	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	R WHICH OPERATION	20A. AUTOPSY? (Yes of N	IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	nome, form, factory, street, at	fice bldg., INJURY OCCUR?		,
0	PIE INJURY OCCURRED	21F, HOW DID IN	IIIRY OCCUR?	
	While At Not While		JAN JOGGA	
	Work At Work	7 7	· · · · · · · · · · · · · · · · · · ·	1100 1
22. I certify that (I) (this hospital) attended	(3/2-1	13	19 6 1 to	6/25/1965.
that (I) (we) last saw the deceased alive a	4	* .		nion deoth occurred an the dote
ond hour and fram the causes stated above	. (I) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE	M.D. Alle	nding Med.	Stoff	23B. DATE SIGNED
Accuman	Phy	. Director	Phys,	6/25/65
23C.PHYSICIAN'S NAME IType		23D. ADDRESS		. (
SURINDE	L. M.D.	F.S. k	OSPITAL	
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY of CRE	MATORY 24D.	LOCATION (Cit	y, town, or county) (Stote)
Aural 7/2/69_	Elen Hones	Cem.	Dlank	unel, had.
4010	E OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
0.27 1000	BE, Japen M.D.	How & town	Boson, Jua.	901 Hollins I
VS 150-REV. 1/1/65				(Salto . med.



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	sed the the uch	BIRTH NO. CERTIFICATE OF DEATH  REG. NO.  1. NAME OF DECEASED	
	S S S	(Type or Print) HARRY SHULMAN 2.5 AM 6-29-69	
	hospital ise of c (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odd	M. mission)
	n o hospi couse o use; (5) D endance to deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET FOR POCKES RIAG TOAD C. CITY OR TOWN  D. INSIDE CITY LIMITS?	net
	in o ng course; cause; artend	4 SINAI HOSPITAL E. STREET AND NUMBER	
	O.= L .	5706 Rockspun Rd 275	55
	frib min gul	MARRIED NEVER MARRIED 9. AGE ûn yeers lost birthday WIDOWED DIVORCED 1000 1000 1000 1000 1000 1000 1000 10	24 Hrs. Min.
	or considerer in redeces	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT CO	OUNTRY?
	deo Und os i	Ret towler RUSSIA USC	
,	_ = 5.4 3 + 4 od s	14. MOTHER'S MAIDEN NAME	
1	stont ind; eoth eoth	15. Wes Deceased Ever in U. S. Armed Ferces? (Yes, no of unknown) (If yes, give war ar dates af service)  16. SOCIAL SECURITY NO.	
3	こ はもちょう Sie	SECURITY NO.  316-32-4263 ms Mallie Shilmon Sam	
J	his os if any nced endo	CAUSE OF DEATH APPROXIMATE INT	ERVAL D DEATH
	Also Also o of noun atte	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A)IMMEDIATE CAUSE GRAM NEGATIVE SERSIS	
By.		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	
Man	D = = 0 = = E	ANTECEDENT CAUSES AND APPET LARGEMENT	
	XXXX	DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stating the	
	10 (3 or 12	UNDERLYING CONDITION last. (C)	
1	vief medico a medico ody burns; se physici	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ASCUD, CENTRIFICANT CONDITIONS CONTRIBUTING ASCUD, CENTRIFICANT ASCUDENCE	
	chief ram Body Body I the playsicion e the r	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 120A. AUTOPSYZ (Yes of No.) 20B. IF YES WEDE SINDINGS CONSIDERED	
		WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	
Siciat	No on pe	OR CONTRIBUTING CAUSE OF heme, form, foctory, sheet, affice bidg. INJURY OCCUR?	
2	hosp hosp natur (6) ined	21D-TIME (Manth) (Dey) (Year) (Head) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At At Work	
ne	y n y n xce	22. I goedfu shoe (I) (ship hegeled) essented to the	
6	f and f	that (1) (we) last saw the deceased alive an 29 19 and that in (my) (aur) apinion death accurred an the	65
2,2	be ed to the sita	and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.	e date
Attubli	ides ides hoss de mu	23A. SIGNATURE  Gran Caggiano MD Attending Med. Stoff A (6/28/68)	
草	acc acc	23C.PHYSICIAN'S NAME (Type)  23C.PHYSICIAN'S NAME (Type)  23D. ADDRESS  23D. ADDRESS	
-	ificaty was 1) An 1.A. at d prio	GIAN CAGGIAND Sinai Hospital	
	T	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (SI	totel
Note	This cer the bod shows: was D. deceose	25A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	101
2	This the show was dece	JULI 1969 Libert E. Faller, M.D. Sylvan & Lawisa Sonin C 9610 Rev	sterole
		VS 150-REV. 1/1/68	

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RIP	TH NO. 69 66	611 CERTIFICA	TE OF DEATH	X REG. NO. 65	6611
1.N (Ty	AME OF DECEASED	ANCE RICH	IMOND 6/	D HOUR OF DEATH 27/69 e deceased lived. If inst	6180 A M.
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	A. STATE  B. COUN  A. C. CITY OR TOWN  L. Therv  E. STREET AND NUMBER	BAItO	E CITY LIMITS? YES NO
	Johns Hopkins	Hosp.	102 Green	ridgeRd	
S. 5	6. RACE 7. MARE WIDON USUAL OCCUPATION (Give kind of work 108, KIN)		7/16/09	59	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1	e during most of working life, even if retired)  FATHER'S NAME	HEAUTH DEPT.	MARYLAND  14. MOTHER'S MAIDEN NAM	AE .	V.S.
	Arthur L. Sullivan		Evelyn L. F	Richmond	
	Wos Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT FAMILY REC	CORDS	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	600 h -1	Sugar	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating UNDERLYING CONDITION last.	ving (B) Page	A CONSEQUENCE OF: 7  A CONSEQUENCE OF:  L Course on res	practor dueto	10 days
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CERTIFIC	5/7 - 5/27/69 WAS PERFORMED		YES	IN CERTIFYING CAU	SES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact lacation)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work At Work	21 F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated above	on 6/27		969 ta 6/ at in(my) (our) apini	27 19 69 ion death accurred an the date
	23A. SIGNATURE  MBMauhill, M 23C. PHYSIANS NAME (Type)	DEGREE Phys		Staff Phys.	23R DATE SIGNED  6/29/19 ins Hospital
24/	Michael B. March BURIAL CREMATION, 124B. DATE 124	C, NAME of CEMETERY OF CRE	JHH 24D. LC	Dept Succession (City	rgery, lown, or county) (State)
254		ME OF REGISTRATE ALD.	250 JUNEBAL DIRECTOR	METIMORE,	ADDRESS MA
VS	1SO-REV. 1/1/6B		7	1	1 11/10

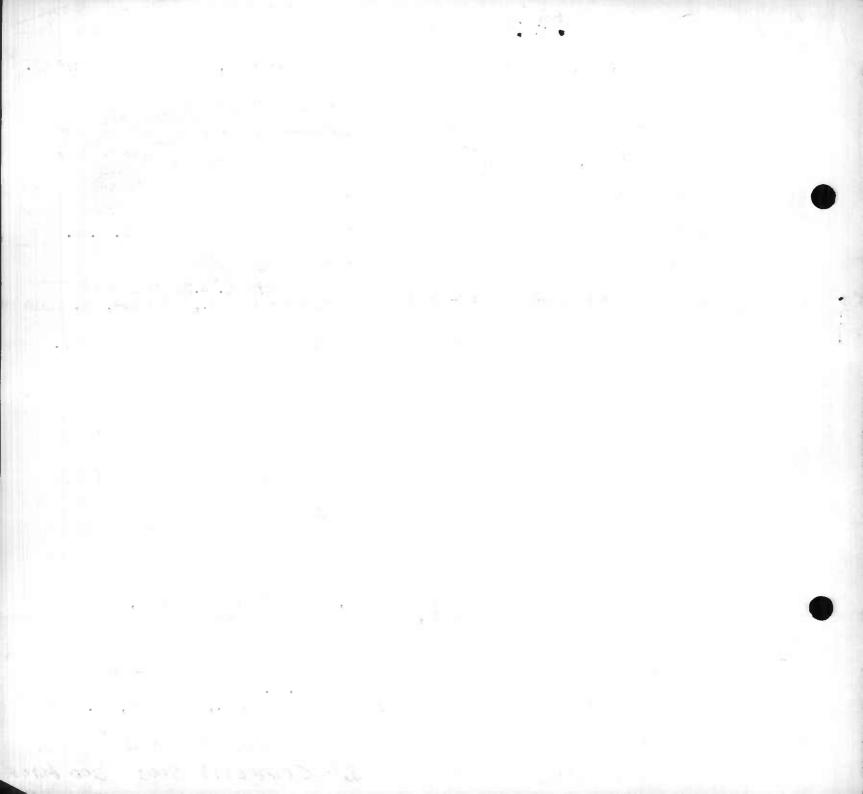
## 69 6612 BALTIMORE CITY HEALTH DEPARTMENT

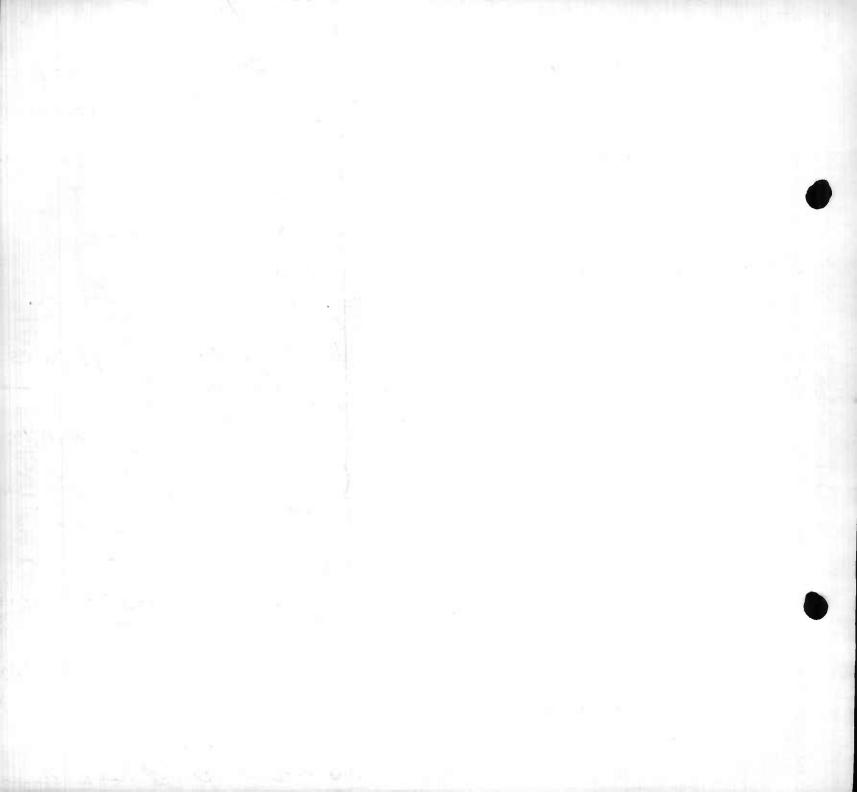
-		The state of the s				
	MED	ICAL	EXAMINER'S	CERTIFICATE	OF	DEATH DE

			001					69	66	112	
		MED	ICAI	L EXAMINER'S	CERTIFICATI	E OF	DEAT	H REG. NO	Ut	1.1.6.	
	TH NO.	CEACED			le BATE "	7.9				G.	
	NAME OF DE e ar Print)	STEVEN	K. 1	POWERS	OF	n [X].	June	28, 1969	Yeor	Hour	М.
4. F	LACE IN BA	LTIMORE, MARYLAND, W	HERE P	RONOUNCED DEAD	3. DATE		Month	Day	Year	Haur	
HOS	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	LORINS	STITUTION, GIVE STREET	PRONOUNCED I			28, 1969		10:45	141.
		Baltimore Cit	у Ноз	spital (DOA)	A. STATE Mary	land		B. COUNTY	BAL	TO 5	30
6. 5	EX	7. RACE	B. MAR	RIED NEVER MARRIED	C. CITY OR TOWN	P351	X	D. INSIDE CIT	Y LIMITS?		
1	Male	White	WIDO	WED DIVORCED	Balt	imore		YE!	- N	NO D	
9. [	ATE OF BIR	TH 10. AGE (Ir		If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NU						
1	EB.	25 1951 18	.,		604	Frank]	lin Av	venue			
11.	BIRTHPLACE (	(State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	E Aa	Pour	ERS			
14A	USUAL OCCI	UPATION (Give kind of work)	148. KIN	D OF BUSINESS OR INDUSTRI		DEN NAM		2110			
		werking life, even if retired)			SHIALE		my	ERS			
		SED EVER IN U.S. ARMED  n)(if yes, give wor ar dotes			18. INFORMANT				DRESS		
Ĺ	UNK				CHARLES	Por	NER	2	9 500		
П	19. 5 9	10110		CAUSE OF DEA	тн					PROXIMATE IN	
	DISEA	SE OR CONDITION DIREC	CTLY								
		LEADING TO DEATH		(A)IMMEDIATE C	AUSE Drown	ing					
М	(This daes heart failur	nat meon the made of dy e, asthenio, etc. It means the	ing, e.g., disease,	DUE TO, OR	AS A CONSEQUENCE O	OF:					
Н	injury or ca	implication which coused dec	oth.)								
Н	A	INTECEDENT CAUSES		(8)							
Н	DISEASES	OR CONDITIONS, IF ANY	, GIVING	DUE TO, OR	AS A CONSEQUENCE	OF:					
		te above cause (a) stati ING CONDITION LAST.	IING IAI	(c)							
Ó		ll ll		(0)				<u> </u>			
CERTIFICATION		NIFICANT CONDITIONS CO									
띮	DISEASE O	R CONDITION GIVEN IN PA	ART 1 (A	).							
3	20A. DATE C	OF OPERATION 208. COM	NOITION	FOR WHICH OPERATION W	AS PERFORMED				21. AUTO	PSY? (Yes a	r Na)
	-								No	·	
ð	22A. EXTE	RNAL CAUSE WAS		228. PLACE OF INJURY (e.g., home, farm, factory, street, offic	in or about 22C. WHI e bldg., etc.) INJURY (	ERE DID (II DCCUR?	l in Baltima	27 101	200		
EDIC	UTING C	AUSE OF DEATH.		Swimming Poo	1 1711	Glene			0		
Σ	OF INJURY	(Month) (Doy) (Year		Jr) 22E.INJURY OCCURRED	22F. HOV	M DID INJ					
	(APPROX.)	6-28-69 10:	09 P	• m. WHILE AT NOT	WHILE K Play	ring in	n poo	1			
	23.	rtify that I held on I	nautev	Inspection X Au	topsy ond t	that on thi	is hasis	deoth in my d	nlnion		
									7		
	resu	Ited from: Natural cau	202	Accident X Suicio		MEDICAL EX		Ined monner L	,		
	ACTUA	1 (1/2 )	}	11:1	ASSISTANT N			X		DATE SIGN	1ED
	SIGNA		,	M.D.					0.0	1000	
	NAME		S.	Springate, M.D.	ASSOCIATE N	MEDICAL EX	AMINER	☐ Jt	ine 29	, 1969	,
	. BURIAL CRE	EMATION, 248. DATE	,	24C. NAME of CEMETERY	or CREMATORY	24D, L	OCATION	(City, tawn,	or county	) (Stot	(e)
KE/	MOVAL (Spec	1/2/	169	GARDENS	OF FAITH	T 5	RAIT	TO /	40,		
254	DATE RECT	D BY HEALTH DEPT.	25B I	NAME OF REGISTRAR	25C. FUNERA	L DIRECTO	R		DRESS		
237	DAIL REG !	JUL 1 1969	1	Bert E. Farber M.D.			2111				
		AALT 1202	1 000	1 ( 9 15-9	, U X. OF C	8 Note	ELLY		3001	MACE	
VS	151-REV. 1/1/6	68 N 9 9	1			1945					

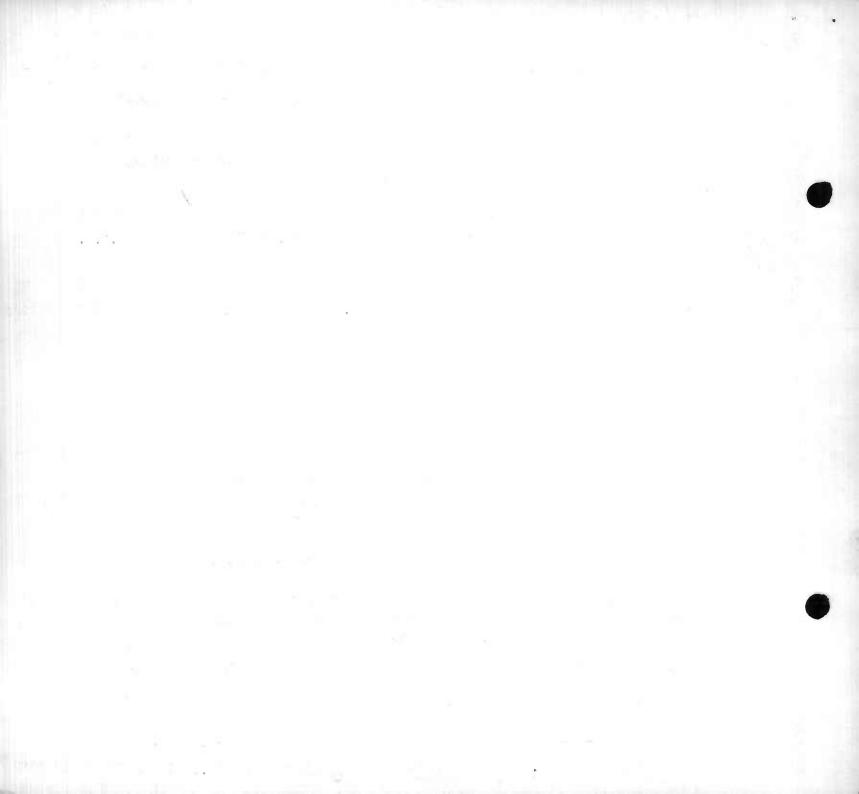
Table 1 Table CHARLES POWERS GROUND . 10.00 BURGER 7/2/67 EMPRESS OF FAITH BALTIC MIDS

	6	Q COAD BALTIMORE CIT	TY HEALTH DEPARTMENT	69 6613
BIRTH NO.	•	9. 6613 CERTIFICA	ATE OF DEATH REG. NO	00 0010
I, NAME OF DE	CEASED		2. DATE AND HOUR OF DEATH	
(Type or Print)	RMEL, Benjami	in Harrison	June 28, 1969	4:15 Pm
3. PLACE IN BA	LTIMORE MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: residence belere admission)
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	Maryland Baltimore	5300
INSTITUTION		nistration Hospital		SIDE CITY LIMITS?
	1900 Loch Rave		Baltimore ESSEX	YES NO XX
			E. STREET AND NUMBER	
5. SEX	Baltimore, Mar		292 Edgewater Apartments	
Male	Caucasian	WIDOWED DIVORCED	4-12-89   lest bighdey)	Il Under 1 Yr. Il Under 24 Hrs. Menths Deys Heurs Min.
IOA, USUAL OCC	UPATION (Give kind of wer	108 KIND OF BUSINESS OR INDUSTR	RY 11. SIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of Policem	working lile, even II relired)	Unknown	Virginia	U. S. A.
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
Jesse A	rmel	*	Minnie Border	
5. Wos Deceose	d Ever in U. S. Armed Fe	rces?   1 6. SOCIAL	17. INFORMANT Records V. A. Hos	anital ADDRESS
Yes	d Ever in U. S. Armed Fe	225 <del>1</del> 9-8836	3900 Loch Raven Blvd., Ba	
18. 4	12114	CAUSE OF DEA		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY Tobable c	erebral thrombosis	BETWEEN ONSET AND DEATH
	LEADING TO DEATH			~ 1115.
heert failure,	nel meen the mode of , asthenie, etc. fl meens	the disease.	AUSE S A CONSEQUENCE OF:	***************************************
injury or con	mplication which caused	deoth.) _ SHD & ASC	VD	Several years
	ANTECEDENT CAUSES	5 7		pererat lears
	OR CONDITIONS, IF		S A CONSEQUENCE OF:	
	e ebove cause (A) G CONDITION last	sloling the Pulmon	ary Tbc	Years
	11			
OTHER SIGNI	II FICANT CONDITIONS CO	NTRIBUTING	mo of 3 of 0	
E TO THE DEA	TH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL	re of left femur	5 days
DIOA DATE OF	F OPERATION 198 CON WAS PER	DITION FOR WHICH OPERATION	20A AUTOPSY? (Yes or Ne) 20B IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDE	NT WAS UNDERLYING	712 81 4 62 62 10000000	INO	
. OR CONTRIB	UTING DICAUSE OF	heme, form, fectory, street,		re City, give exoct lecetion)
O	medical examinar	ola /frep)	Jun Remed V. B.	Knyutel
21D. TIME	(Menth) (Dey) (Yeor)		211. HOW DID INJURY OCCUR?	1
[APPROX.]	6/21/69 250	While At Werk At Werk	ile & areauxily fle	U
22. I certify	that Withis hospital	) attended the deceased fram		ne 28. 19.69
		ed alive on June 28.		
	•			nion death occurred on the dote
23A. SIGNAT		ted above. (i) (We) (did) (did/nat))	wiew the body after death.	
A37. SIGNAL	200 0 x	n Nasralas A	Panding St. Med St. "	23B, DATE SIGNED
6	sakay,	eggree Ph	ys. Med. Stuff	6-28-69
NAME (	ANTS Type)		23D. ADDRESS V. A. Hospital	
	Salah Na	asrallah pege	2900 Loch Raven Brvd., Balt	timore, Md. 21218
AA. BURIAL CRE	MATION, 24B, DATE	24C. NAME of CEMETERY of CI		ity, tewn, or county) (State)
BUR	121 7/2/	69 RAITO. MAT	CEN RAITO	4.0
SA. DATE REC'E	BY HEALTH DEPT.	258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	JUL 1 1969	Tubbed E. Jabel M.D.		ons 300 MAC
S 150-REV. 1/1/			. I COMPLETED O	000 100





1. NAME OF DECEASED	t CERTIFIC	2. DATE AND HOUR OF DEA	1H - 45
10SE HOR	ישי לישי	28 JUNE	769 5 1
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	
FULL NAME OF HOSPITAL OR ADDRESS OR LOC	PITAL OR INSTITUTION, GIVE STREET CATION)		NSIDE CITY LIMITS?
Sinai Hospi	pl of Baltimore	E. STREET AND NUMBER	YES X NO
72	•	460/ Pall Mall	Rond.
5. SEX Courasian Courasian	7- MARRIED NEVER MARRIED   WIDOWED DIVORCED	7/6/07 Cast Diffiday 60	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of wo done during most of working life, even it retired)	ork 108, KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
DOMESTIC	AT HOME	BALTIMORE, MARYLAND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
AARON HORWITZ		ELLA MEYEROWITZ	
15. Was Deceased Ever in U. S. Armed Fo (Yes, na or unknown) (II yes, give wor or do	orces?  otes of servicel  1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		MRS. GUSSIE SIEGEL, 8202	ARODENE ROAD #2120
injury ar camplication which cause  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, if ise to the above cause IAI UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	any, giving (B).  I stoling the (C)	rentestinal bleeding	~
19A. DATE OF OPERATION 198. CO		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B PLACE OF INJURY (e. home, form, loctory, street, etc.)	go in or obout 21 C. WHERE DID (II in Boltim	nare City, give exoct location)
21D.TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	The state of the s	21F. HOW DID INJURY OCCUR?	
	ol) attended the deceased from	19 69 ond that In 144 (our) a	PR JUNG 1969 pinion deoth occurred on the date
	1 11 .		23B, DATE SIGNED
23A. SIGNATURE		Attending Med. Stoff to	28 JUNG 1969
		23D. ADDRESS  Address  Hospital	of Baldmone
23A. SIGNATURE  Movis Osi  23C. PHYSICIAN'S NAME (Type)  MORRIS  24A. BURIAL CREMATION, 124B. DATE	OstROFF, MD	23D. ADDRESS Sinai Hospital	of Baltmore
23A. SIGNATURE  Movis Osi  23C. PHYSICIAN'S  NAME (Type)  MORRIS	OS TROFF DEGREE 1	23D. ADDRESS Sinai Hospital  REE CREMATORY 24D. LOCATION (	of Baltmore  City, town, or county) (State)

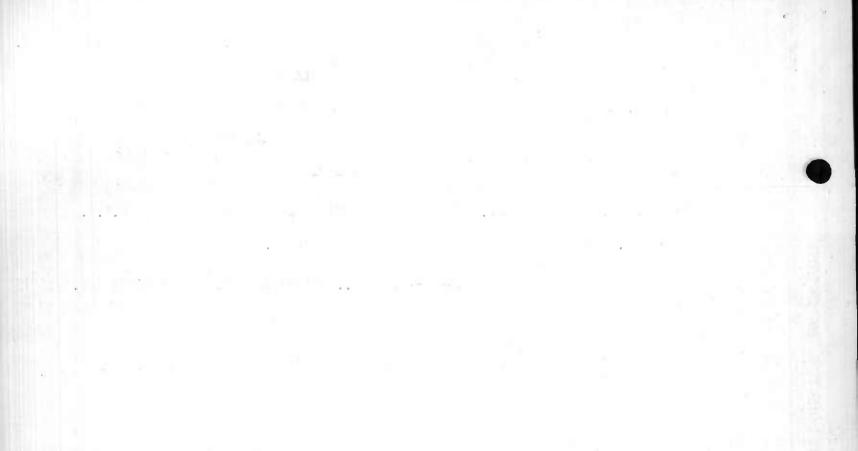


FUNERAL DIRECTOR: IMPORTANT

BERTH NO.  LANDATE OF DETAILS  TYPE OF MARIE AND CHARGE	60 COAC BALTIMORE CIT	Y HEALTH DEPARTMENT
CAUSE OF DEATH   CAUSE OF CONSTITUTION, QUESTEET   CAUSE OF DEATH   CAUSE OF CONDITION LIGHT OF SERVING OF S	4 0 140	TE OF DEATH REG. NO. 69 6616
A JAME OF ADDRESS OR LOCATION.  JOHNS HOPKI OR INSTITUTION. GVE STREET  CHY OF TOWN ADDRESS OR LOCATION.  JOHNS HOPKI NAS HOSP LACE WITHOUT TOWN ADDRESS OR LOCATION.  JOHNS HOPKI NAS HOSP LOCATION.  JOHNS HOPKI NAS HOPKI		2. DATE AND HOUR OF DEATH
FULL NAME OF THE POST AL DE INSTITUTION, GIVE STREET  ADDRESS OF CONDITION DIRECTLY LEADING TO DEATH  (IT AS JUNE 2 AND NAME OF THE STREET AND NAME OF THE STREE	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institutions residence before admission)  A. STATE  B. COUNTY
S. SEE    S. RACE     MARRIED   NEVER MARRIED   NEVER MARRIED   NOT BITTLY   NOT NUMBER   2247 Rogene   Dr. 2/209		Maryland 2755
SEET   S. RACE   MARNIED   NEVER MARRIED   NEVER MARRIED   DIVORCED   5.28   GP   SHATE, WIDOWED   DIVORCED   DIV	25 Johns Hopkins Hosp.	Baltimore YES NOT
IOA, USUAL OCCUPATION (Sive kind of work)   IOA ENDO OF BUSINESS OR INDUSTRY   IOA BITTLE OF WHAT COUNTRY   IOA WARRING   IOA	-	
IOA USEAL OCCUPATION (Give kind of work) 100, KIND OF BUSINESS OR INDUSTRY   11. BIRTHALOR (Side as torsign country)   12. CHILEN OF WHAT COUNTRY   13. FATHER'S NAME	MARRIED NEVER MARRIED	Months: Doys Hours Mine
13. FATHER'S MAIDEN NAME	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	
13. WED DEECED ST. A AND SUCCESSION   13. AND SUCCESSION   14. SOCIAL   17. INFORMANT   17.	13. FATHER'S NAME	
15. WORD DESCRIPTION OF CONTRIBUTING CONDITION   12. SOCIAL SECURITY NO.   17. INFORMANT   2.47 ROSCIAL SECURITY NO.   2.47 ROSCIAL SECURITY	Stuart Toporoff	1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., head folius, astheria, etc., It means the disease, injury or complication which caused dooth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving inso to the doot cause (A) stelling the UNDERLYING CONDITIONS (S) stelling the UNDERLYING CONDITION I ost.  (C)  OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION I OF ANALOGY (TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (19th CONDITION) (C)  OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (19th CONDITION) (P) A COLOR OF ANALOGY (TO THE DEATH OF OPERATION (19th CONDITION) (19th CONDITI	15. Was Deceased Ever in U. S. Armad Forces? (Yas,no ar unknawn) (If yes, give war ar datas of service)  16. SOCIAL SECURITY NO.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heard folius, astheria, etc., II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving fiss in the above cause (A) stelling like UNDERLYING CONDITION lost.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TREMINAL DISEASE OR CONDITION 10st.  (C)  OTHER PARTIES ON CONDITION 10st.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TREMINAL DISEASE OR CONDITION (19kn N PART 1 lA).  IN A COLDENY AND A CONDITION 10st.  OTHER PARTIES ON 10st.  OTHER PARTIES ON 10st.  OTHER PARTIES ON CONDITION 10st.  OTHER PARTIES ON 10st.  OTHER PARTIES ON CONDITION 10st.  OTHER PARTIES ON 10st.	118	2247 Kogene DR. 21209
This does not mean the mode of dying, a.g., hood follow, astheric, etc. It means the disease, injury or complication which caused doeth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving fise to the above cause (A) staling the UNDERLYING CONDITIONS.  ON CONTRIBUTION (C).  DISEASES OR CONDITIONS, if ony, giving fise to the above cause (A) staling the UNDERLYING CONDITION (ast.)  ON THE SIGNIFICANT CONDITIONS CONTRIBUTING (C).  DISEASES OR CONDITIONS (B) staling the UNDERLYING CONDITIONS CONTRIBUTING (C).  DISEASES OR CONDITIONS, if ony, giving fise to the above cause (A) staling the UNDERLYING CONDITIONS CONTRIBUTING (C).  DISEASES OR CONDITIONS, if ony, giving fise to the above cause (A) staling the UNDERLYING CONDITIONS CONTRIBUTING (C).  DISEASES OR CONDITIONS (B) staling the UNDERLYING CONDITIONS CONTRIBUTING (C).  DISEASES OR CONDITIONS (C).  DISEASES OR CONDI	Section of pani	
NATECEDENT CAUSES   ANTECEDENT CAUSES	(This does not mean the mode of dying e.g. (A) IMMEDIATE CAL	, 104
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling like  UNDERLYING CONDITION last.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITION (IVEN IN PART   1/A).  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION  OTHER SIGNIFICANT CONDITION (IVEN IN PART   1/A).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OTHER SIGNIFICANT (IVEN IN PART   1/A).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OTHER SIGNIFICANT CONTRIBUTION COUNTRIBLY  OTHER SIGNIFICANT	haarl toilure, asthenia, etc. Il means tha disease.	
INDERLYING CONDITION last.  (C)    C)    C	(8)	istic Fibrosis Lifelona
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RETERMINAL  DISEASE OR CONDITION (GIVEN IN PART 1 (A).  DISEASE OR CONDITION (GIVEN IN PART	risa la the abova cause (A) stating the	A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART   (A).    19A-DATE OF OPERATION   19R. CONDITION   19R.	UNDERLTING CONDITION last. (C)	
194. DATE OF OPERATION   198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yos or No.)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?    21A. ACCIDENT WAS UNDERLYING   21E. PLACE OF INJURY (e.g., in or obout 21C., WHERE DID   10 CENTIFYING CAUSES OF DEATH?    21A. ACCIDENT WAS UNDERLYING   21E. PLACE OF INJURY (e.g., in or obout 21C., WHERE DID   10 CENTIFYING CAUSES OF DEATH?    21A. ACCIDENT WAS UNDERLYING   21E. PLACE OF INJURY (e.g., in or obout 21C., WHERE DID   10 INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21E. PLACE OF INJURY (e.g., in or obout 21C., WHERE DID   10 INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21E. PLACE OF INJURY (e.g., in or obout 21C., WHERE DID   10 INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21E. PLACE OF INJURY (e.g., in or obout 21C., WHERE DID   10 INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21E. PLACE OF INJURY (e.g., in or obout 21C., WHERE DID   10 INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21E. PLACE OF INJURY (e.g., in or obout 21C., WHERE DID   10 INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21E. PLACE OF INJURY (e.g., in or obout 21C., WHERE DID   10 INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21E. PLACE OF INJURY (e.g., in or obout 21C., WHERE DID   10 INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21E. PLACE OF INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21E. PLACE OF INJURY (e.g., in or obout 21C., WHERE DID   10 INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21F. HOW DID INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21F. HOW DID INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21F. HOW DID INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21F. HOW DID INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21F. HOW DID INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21F. HOW DID INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21F. HOW DID INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21F. HOW DID INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21F. HOW DID INJURY OCCUR?    21A. ACCIDENT WAS UNDERLYING   21F. HOW D		testinal Obstruction I week
21A. ACCIDENT WAS UNDERLYING   CAUSE OF   Common   Colory, stroat, affica bldg.   INJURY OCCUR?   (If In Baltimare City, give exact lacation)   Contributing   Cause of   Colory, stroat, affica bldg.   INJURY OCCUR?   (If In Baltimare City, give exact lacation)   Colory, stroat, affica bldg.   INJURY OCCUR?   (If In Baltimare City, give exact lacation)   Colory, stroat, affica bldg.   INJURY OCCUR?   (If In Baltimare City, give exact lacation)   Colory, stroat, affica bldg.   INJURY OCCUR?   (If In Baltimare City, give exact lacation)   Colory, stroat, affica bldg.   INJURY OCCUR?   (If In Baltimare City, give exact lacation)   Colory, stroat, affica bldg.   INJURY OCCUR?   (If In Baltimare City, give exact lacation)   Colory, stroat, affica bldg.   INJURY OCCUR?   (If In Baltimare City, give exact lacation)   Colory, stroat, affica bldg.   INJURY OCCUR?   (If In Baltimare City, give exact lacation)   Colory, stroat, affica bldg.   INJURY OCCUR?   (If In Baltimare City, give exact lacation)   Colory, stroat, affica bldg.   INJURY OCCUR?   (If In Baltimare City, give exact lacation)   Colory, stroat, affica bldg.   INJURY OCCUR?   (If In Baltimare City, give exact lacation)   Colory of Injury occurs   (Injury occurs)	VIIOA DATE OF OPERATION INC. CONTINUES TO MANUEL CO.	20A. AUTOPSY? (Yos or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
DEATH (notify madical axamines)  OF INJURY  (APPROX.)  22. I certify that (I) (this haspital) ottended the deceased from At Wark  22. I certify that (I) (this haspital) ottended the deceased from 19 G and that (I) (we) last saw the deceased alive on 19 G and that (I) (we) last saw the deceased alive on 19 G and that (I) (we) last saw the deceased alive on 19 G and that (I) (we) opinion death occurred on the date ond haur and from the causes stated above (II) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Staff Phys. Director Phys. Di	O 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., Inc. of Injury (e.g., Injur	or about 21 C. WHERE DID (if in Baltimare City, give exact location)
22. I certify that (1) (this haspital) ottended the deceased from 6/22 19/69 that (1) (we) last saw the deceased alive on 19/69 and that (1) (we) last saw the deceased alive on 19/69 and that (1) (we) last saw the deceased alive on 19/69 and that in (my) (our) opinion death occurred on the date ond haur ond from the causes stated above (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  24A. BURIAL CREMATION, 24B. DATE  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county) (State)  25A. DATE REC'D BY MEALTH DEPLOTOR  25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTOR	O DEATH (nonly modical axamined	
that (1) (we) last saw the deceosed alive on	(APPROX)	
ond haur ond fram the causes stoted obave (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Phys.  Attending Phys.  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  24A. BURIAL CREMATION, 24B. DATE  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  25A. DATE REC'D BY WHALTH DERIGOGO 25B. NAME OF RECORTRAE  25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTOR  ADDRESS		6/22 196910 6/24 1969
23A. SIGNATIONE  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  23D. ADDRESS  RUSSELL W. CHESNEY M. DECREE  24A. BURIAL CREMATION, 24B. DATE  24A. DATE  24C. NAME of CEMETERY OF CREMATORY  25A. DATE REC'D BY WHALTH DERIGOG 25B. NAME OF RECORTERS  25C. FUNERAL DIRECTOR  23B. DATE SIGNED  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION  (City, town, or county)  25C. FUNERAL DIRECTOR  ADDRESS  25C. FUNERAL DIRECTOR  ADDRESS	2	19 6 4 and that In(my) (our) opinion death occurred on the date
Attending Med. Staff Phys. Director Director Director Phys. Director Director Director Phys. Director Direct	23A. SIGNATURE	
RUSSELL W. CHESNEY M. DEGREE  THE JOHNS HOPKINS HOSPITAL  24A. BURIAL CREMATION, 24B. DATE  24C. NAME OF CREMATORY  24C. NAME OF CREMATORY  24D. LOCATION (City, town, or county)  (Stole)  25A. DATE REC'D BY WHALTH DERIGGO 25B. NAME OF RECYETRAT  25C. FUNERAL DIRECTOR  ADDRESS	Phys	ding Med. Staff Phys. 6/29/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)  REMOVAL (Specify)  25C. FUNERAL DIRECTOR  ADDRESS  25C. FUNERAL DIRECTOR		
25A. DATE REC'D BY WHALTH DEPLOT 255, NAME DE RECONTRATE  25A. DATE REC'D BY WHALTH DEPLOT 255, NAME DE RECONTRATE  25C. FUNERAL DIRECTOR  ADDRESS	24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	VA CONT
ADDRESS ADDRESS	Removal 6-30-69 (20th Haven	(mond) new Gersey
[ VAI AWARTSAN TINED IN A LANCE . IN	JUL I 1969 Jours E. Jeben M.D.	25C. FUNERAL DIRECTOR ADDRESS (SOLO RIOS, CAS, JUNE

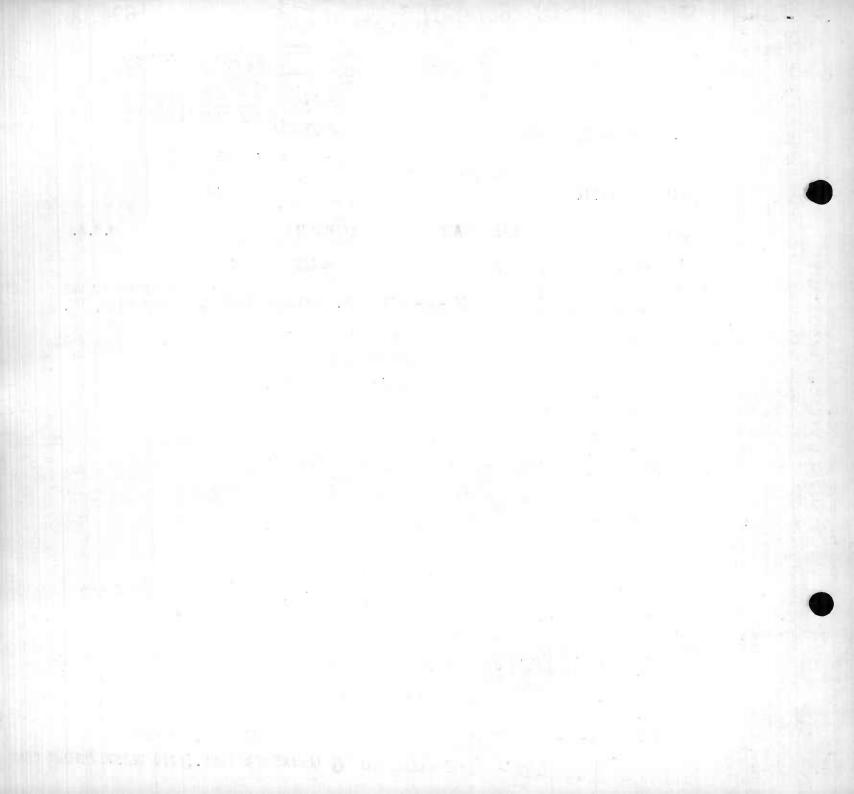


1	Lenk		BALTIMORE CITY	HEALTH DEPARTMENT			
6	65	9 661	CERTIFICA	TE OF DEATH	REG. NO.	69 6617	
BIRTH NO.	F DECEASED	001			AND HOUR OF DEAT	TH .	
(Type or Pri		ARL LEAV	ЕУ	JUNI	29, 1969	4:05	P.M.
3. PLACE	IN BALTIMORE, MARYLAND, V	WHERE PROND	JNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. I	f institution: residence before or	dmission)
FULL NAM	AE OF (IF NOT IN HOSP!	TAL OR INSTITU	JTION, GIVE STREET	MARYAAND		2719	
HOSPITAL		A IION)		C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?	
SINA	I HOSPITAL			BALTIMORE  E. STREET AND NUMBER		YES NO	
42				5719 JONQUI			
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (tn years lost birthday)	If Under 1 Yr. If Under Months! Doys Hours!	r 24 Hrs. Min.
MALE	WHITE	WIDOWED		12-23-1905	63	Nonins Doys Hours	741116
	OCCUPATION (Give kind of wor most of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT C	OUNTRY?
	CT SUPERVISOR		EVENING SUN	BALTIMORE, MAI	RYLAND	U.S.A.	
13. FATHER	'S NAME			14. MOTHER'S MAIDEN N	AME		
MOR	RRIS I. LEAVEY			ANNIE A.	SHERMAN		
15. Wos De (Yes, no or u	receased Ever in U. S. Armed For nknown) (If yes, give wor or dot	rces? les of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
NO			213-03-2915	MRS. SYLVIA LE	EAVEY. 5719	JONQUIL AVE. #2	1215
18. 4	10,91		CAUSE OF DEAT	Ha Ruftweed	aortre au	PEREN S DETWEEN ONSET A	TERVAL ND DEATH
	DISEASE OR CONDITION D LEADING TO DEATH			? Wigocard	iel ulfare	tron 1/2	1 Y
	does nat mean the made a	f dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	<i>U</i>	72 /	14
	foilure, asthenia, etc. It meon: ar complication which couse		ar	tario selero	res	To the	
	ANTECEDENT CAUSE	S	(B) H	ghertrue co	n	25 m	0
	SES OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:			
	to the abave couse (A) RLYING CONDITION lost.	stating the	(c)				
-				Constepa	teon	LUTE	
	SIGNIFICANT CONDITIONS CO			Depression		1 um	
	E OR CONDITION GIVEN IN PA ATE OF OPERATION 198, COI	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED	
ERTIFIC 19 Y D	WAS PE	RFORMED			IN CERTIFYING	CAUSES OF DEATH?	
U 21A. A	CCIDENT WAS UNDERLYING		PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltin	more City, give exact location)	4510
DEATH	(notify medical examiner)	etc.					
OF INJ			INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
< (APPRO	)X.)	Wo	ile At Not While		200	4	
22. 1	ertify that (1) (this haspita	ol) attended t	he deceased fram	Apr, 129	19 6 9 ta	June 23 19	69.
that (	) (we) last saw the deceas	ed alive an	June 23	19.69 and	that in (my) (aur)	pinion death accurred on	the date
	our and from the couses sta	ated above. 🕰	) (\(\(\frac{4}{6}\)) (\(\did\)) (\(\did\) (\(\did\)) (\(\did\)) (\(\did\)) (\(\did\))	iew the bady after deat	h.		
23A. SI	GNATURE	507	Atte	ending Med.	Staff	23B. DATE SIGNED	016
22.0 PL	IYSICIAN'S	0 > 16 C	DEGREE Phy		Phys.	June 30, 1	969
	AME (Type)	OQUEU					
24A, BURIA	JONAS AL CREMATION, 248. DATE	COHEN	DEGREE OF CEMETERY OF CRI		GHTS AVENUE	(City, town, or county)	(Stote)
REMO	OVAL (Specify)						
	CIAL MIG-XX30-	-07 MI	KRU KODESH BET	IH ISKAEL BA	ALTIMORE, MA	RVIAND	
25A. DATE	REC'D BY HEALTH DEPT. TO		FARFEISTAR R	25C. FUNERAL DIRECT	QR	110 REISTERSTOWN	. = 6

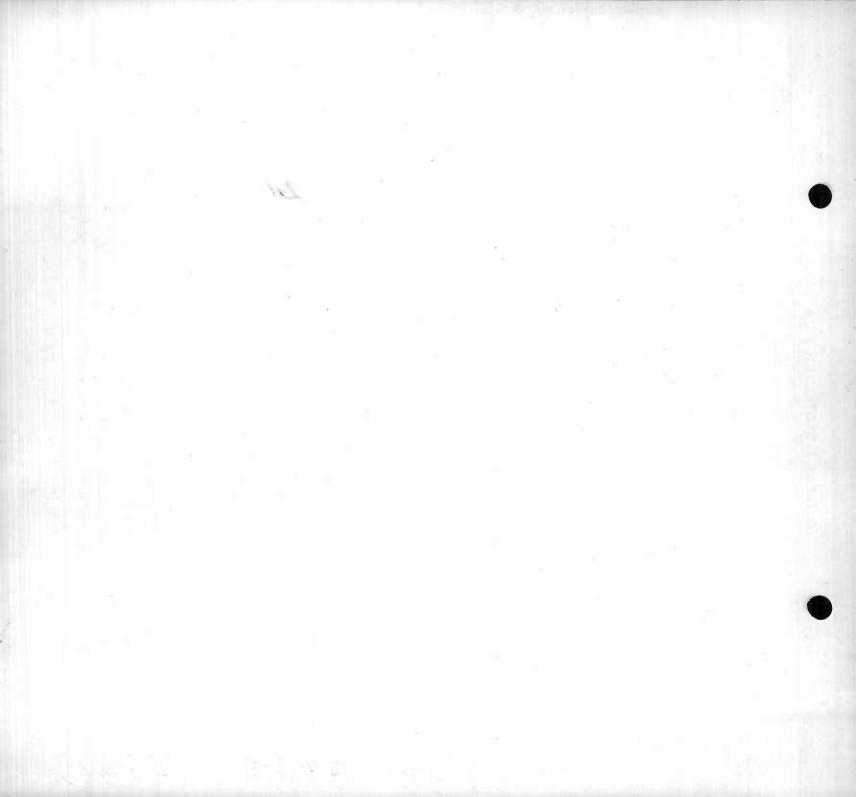


2002	BIR	TH NO.	33			CERTIFICA	A I E OF
an th th	1. N	AME OF DEC		11			
0 0 0	(Тур	oe or Print)	JUSEP	it	519	KIND	
Dec of ath.	3. 1	PLACE IN BAL	TIMORE, MARYL		ERE PRONOL	INCED DEAD	4. USUAL RI
hospital use of c (5) Dece dance or death.	FU	LL NAME OF	(IF NOT IN ADDRESS C	HOSPITA DR LOCA	L OR INSTITUTION)	JTON, GIVE STREET	MAR)
in a g ca ause, ttend ttend	IN		AI NURSIN	IG HOI	Æ		E. STREET A
P.E 0 B.E .	9	0					701
ibu da da	5. S	EX	6. RACE		MARRIED	NEVER MARRIED	8. DATE OF
ontribut ontribut ermined regular eased p	10A	MALE USUAL OCC	WHITE UPATION (Give kir	nd of work	WIDOWED	DIVORCED BUSINESS OR INDUSTR	Y 11. BIRTHPLA
or condetermination			working life, even i				
	12	BROKER FATHER'S NA	ME		REAL E.	STATE	LITHUA
wa wa	13.						
direction dis		WOLF SI					BEI
5 7 5 0 -	(Yes	wos Deceased s, no or unknown	(If yes, give wo	rmed Forc	of service)	SECURITY NO.	17. INFORMA
assist if the ny kir id de lance r fina		NO			1	219-32-0557	MRS. CE
it in it is a second or		18. 4/	0191			CAUSE OF DEA	TH
his of of of ounc		DISEA	SE OR CONDIT		CTLY	Prot	. Myo ea
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exami xamin 3) A fra who regu		DISEASES (	OR CONDITION	NS, if a	ny, giving	(B)	S A CONSEQUE
0 (1) =			e above caus G CONDITION		slaling the		
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medical berns; ( bysiciar n was i	ATION	TO THE DEAT	FICANT CONDITION  THE BUT NOT RELA	TED TO TH	ETERMINAL	TU	REC
chiefr y a m Body the p ysicia e the	CERTIFICA				TON FOR V	WHICH OPERATION	20 A. AUT
the all by (2) ere o ph	AL.	OR CONTRIB	NT WAS UNDER	OF _	21 B. hom etc.)	PLACE OF INJURY (e.g., e, form, factory, street,	in or about 21C office bldg., INJ
SE SE SE	MEDIC	21 D. TIME	(Month) (Doy)	(Yeor)	(Hour) 21E.	INJURY OCCURRED	21F.
approved b to the hosp f any natur I (except w I); and (6)	W	(APPROX.)			Whi	le At Not Wh	
the iny nexce		22. I certify	that (I) (this h	haspital)	attended th	ne deceased fram	
app to the fam il (e n); c		that (1) (we)	last saw the	decease	alive an	6-	13 19 6
~ ~ ~ ~ ~		and have an	d from the cau	ses state	ed abave. (I	) ( <del>We)</del> (did) (did <del>net</del> )	view the bad
eased dent o nospite death must l		23A. SIGNATO		n L	. (	1. 1.	1
9 - 2 - 0		1	raul	( P)	ytal		tending ys.
y was rely y was rely (1) An acc ).A. at a d prior to		NAME (1	ANIET	10	DAKK	A MD	3601
dy w (1) A O.A.	24/	BURIAL CRE	MATION, 24B. I	DATE	24C. NA	AME OF CEMETERY OF C	REMATORY
This certif the body shows: (1) was D.O./ deceased written a		BURIA		0-69	ANSH	HE EMUNAH	
This certhe bocshows: was D. deceas	25 <i>A</i>	A. DATE REC'D			25B. NAME C	F REGISTRAR	25C, FUN
### y b y			JUL	19	59 266	as El Jaben	co sol L
	VS	150-REV. 1/1/	6B				

3	5-2	69	661	~	TE OF DEA		REG. NO	69	6618
	H NO.	CEASED		CERTIFICA			ND HOUR OF DEATH		
	e or Print)	TOSEPH	515	KIND	2.	5:4	5 AM 6"2	9-691	Μ.
3. P	LACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDEN	CE (Whe	ere deceased lived, If i	institution: re	sidence before admission)
FUL	L NAME OF	(IF NOT IN HOSPIT,	AL OR INSTITU	TION, GIVE STREET	MARYLAN	- 1	ant Comer		6500
INS	NOITUTION				C. CITY OR TOWN	TAKOI	MA PARK D. IN	YES T	NO 🗌
d	MI. SIN	IAI NURSING HO	ME		E. STREET AND NO	JMBER			
7	0				701 DOM	ER A			
5. \$1		6. RACE		NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	if Under Months	Doys Hours Min.
	MALE OCC	WHITE CUPATION (Give kind of work	10B. KIND OF		11. BIRTHPLACE (Sto	te or fore	84 eign country)	12. CITIZ	EN OF WHAT COUNTRY?
		f working life, even if retired)	REAL ES	OTATE	LITHUANIA				I.S.A.
	BROKER ATHER'S NA	ME	KEAL C	SIRIC	14. MOTHER'S MAI		ME		4.S.M.
	WOLF ST	ISKIND			BELLE		?		
15. V	Vos Decease	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		7/1	DAHED	ADDRESS AVENUE
	NO	, , , , , , , , , , , , , , , , , , , ,		219-32-0557	MRS. CECEL	IA S		OMA PAR	
	18. 4/	0191		CAUSE OF DEAT	H		Augus		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY	Prot.	myo earle	ac.	Sujarctum		remite,
		nat mean the made of		(A) IMMEDIATE CAL	JSE A CONSEQUENCE OF	:			***************************************
		, asthenia, etc. It means mplicatian which caused		Ros. AC	S. CUA,	red			
		ANTECEDENT CAUSES		(B)					000000
		OR CONDITIONS, if ne above cause (A)	,	DUE TO, OR AS	A CONSEQUENCE O	F:			
		G CONDITION last.		(c)					
×	TO THE DEA	II  IFICANT CONDITIONS CO  ITH BUT NOT RELATED TO T	HE TERMINAL	TU	R Eal	·py	elits		2 1145
		F OPERATION 198. CON WAS PER	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY?	Yes or N	O) 208. IF YES, WERE IN CERTIFYING C.	FINDINGS AUSES OF D	CONSIDERED DEATH?
0	OR CONTRIB	ENT WAS UNDERLYING DESCRIPTION OF THE CONTROL OF TH	21 B. hometc.)	PLACE OF INJURY (e.g., i e, form, factory, street, o			(If in Boltime	ore City, give	exact location)
03	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW	DID IN	JURY OCCUR?		
8	(APPROX.)		Whi	le At Not While At Work		· ;	- / -	h	ient
	22, I certif	y that (I) (this haspital	) attended th	e deceased fram	AL	4	1969ta	pre	19
	that (I) (we	) last saw the decease	d alive an	6-1	5 19 009	and t	hat In(my) ( <del>cut)</del> ap	inian deat	h accurred an the date
		nd fram the causes sta	ed abave. (I	) (We) (did) (did not) v	view the bady afte	death.			
	23A. SIGNAT	Jule &	utal	GEGREE Phy		or 🗆	Staff Phys.	6 rs	29-69
	PHYSICI NAME		DAKF	Te MD GEGREE	3600 L	-001	4EARN I	he	21107
24A	BURIAL CR	EMATION, 24B. DATE (Specily)	24C. NA	ME of CEMETERY OF CR	EMATORY			City, town, o	r county) (State)
	BURIA	L 6-30-69		IE EMUNAH		BAL	TIMORE, MAR	RYLAND	
25A	DATE REC'	D BY HEALTH DEPT.	25B. NAME O	of REGISTRAR	SUL LEVI	VSON	BROS.,601	O REIS	TERSTOWN ROAD
VS 1	50-REV. 1/1	/6B							



1.1 11-1	69 6619 BALTIMORE CITY HEALTH DEPARTMENT 68 - 7721
M-125	CERTIFICATE OF DEATH
and eath ased the	BIRTH NO.  1, NAME OF DECEASED  2, DATE AND HOUR OF DEATH
Sugar	(Type or Print) WILLIAMS. JOHN R. 6-29-69 8
f d d	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission and approximately support to the company of t
= 0 O 0 =	A. STATE / B. COUNTY
hosp ise (5)   anc	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION)  O. CITY OR TOWN  D. INSIDE CITY LIMITS?
0 0	461 117117 DAN HACDITA) OF MY E. STREET AND NUMBER
	TOLLINERAN HOSPILIACIONES TOLLICAN ALCE
0 + 0 - 0	
occur ntrib rmin egulo	Adaptha Dava Hause Ada
occu	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
de de la	done during most of working life, even if retired)
ded Unc	cus todian /V/a
if death rect or c (4) Undet was in the dec	13. FATHER'S NAME
	Robert Williams Elenora Kelly
AN stant ind; eath	
RT Rssist the the de de	yes WNII Family Seae
0 94 500	
f and	DISEASE OR CONDITION DIRECTLY
IM or h Also	LEADING TO DEATH CAMMEDIATE CAUSE IN tra Cerebral Cumos 100
0 4 5 5 0	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
R er	
G Fri go	ANTECEDENT CAUSES
O SEAS	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR: cal examiner al examiner, s; (3) A fractu	rise to the above cause (A) stating the UNDERLYING CONDITION last.
Disco ica	
_ P. : r. : ×	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RAI med med bu phy	TO THE DEATH BUT NOT RELATED TO THE TERMINAL
dy dy	
UNER chiefr by a m Body	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect locotion)
FL (2) (2) ph	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg, INJURY OCCUR?
- A 25 - 7.	DEATH (notify medical examiner) etc.)
Spin X	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	While At Not While
00 20 5	22. I certify that (I) (this hospital) attended the deceased from 6-29- 1969 to 6-29 1969
0 0	that (I) (we) last sow the deceased alive an 0 29 4 30 and that in (my) (our) opinion death occurred on the de
of of old	
it be a used to ent of spital death)	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.  23A. SIGNATURE  23B. DATE SIGNED
S D D O D	23A. SIGNATURE 23B. DATE SIGNED  Attending Med. Shoff (1)
	DEGREE Phys. Director Phys.
0 - 0 - 5	23C. PHYSICIAN'S NAME (Type)  SALUE YOOK HISH MD  23D. ADDRESS  (1) THI-RAN HOSPITAL OF M
ertificat ody was s: (1) An D.O.A. at	230. ADDRESS LITHERAN HOSPITAL DE MAN CITY DE LITHERAN HOSPITAL DE MAN DEGREE DE LA BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, town, or county) (Stote)
PO S P	REMOVAL (Specify)
This cert the body shows: ( was D.O	Berial 7-3-69 Balto. Not 1. Cem. Balto. Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  1011-13 ADDRESS  WILL A 1000 P. A.C. A.C. A.C. A.C. A.C. A.C. A.C. A
W - W -	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   1011-13 ADDRESS
This the sho was	1111 1 1969 Pale & Jaber no Saltran Fineral Home -N. Arlington A



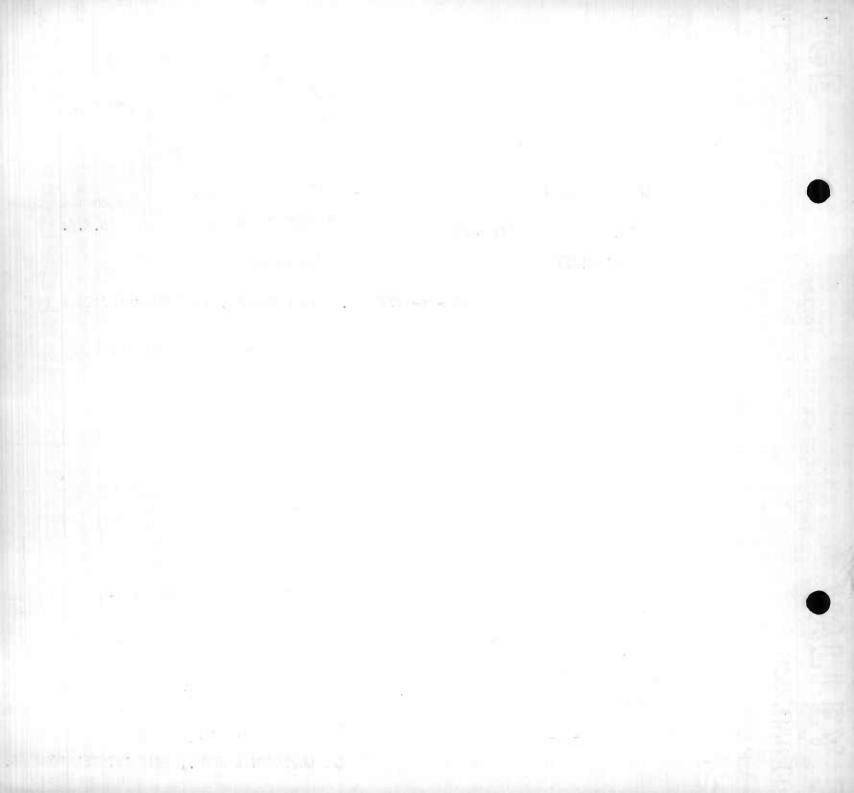
IMPORTANT

DIRECTOR:

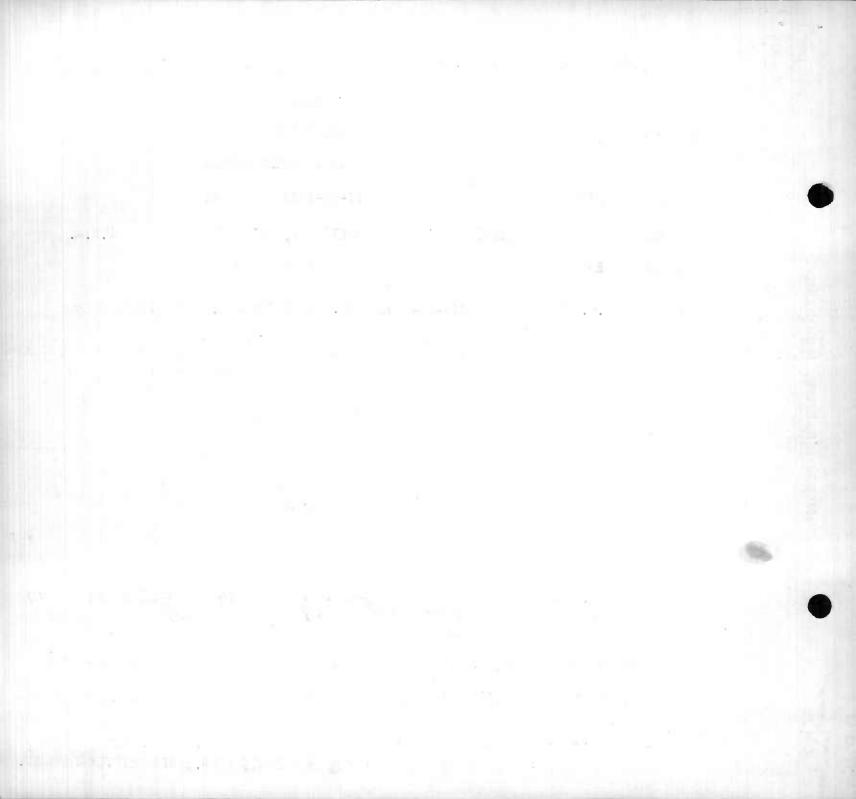
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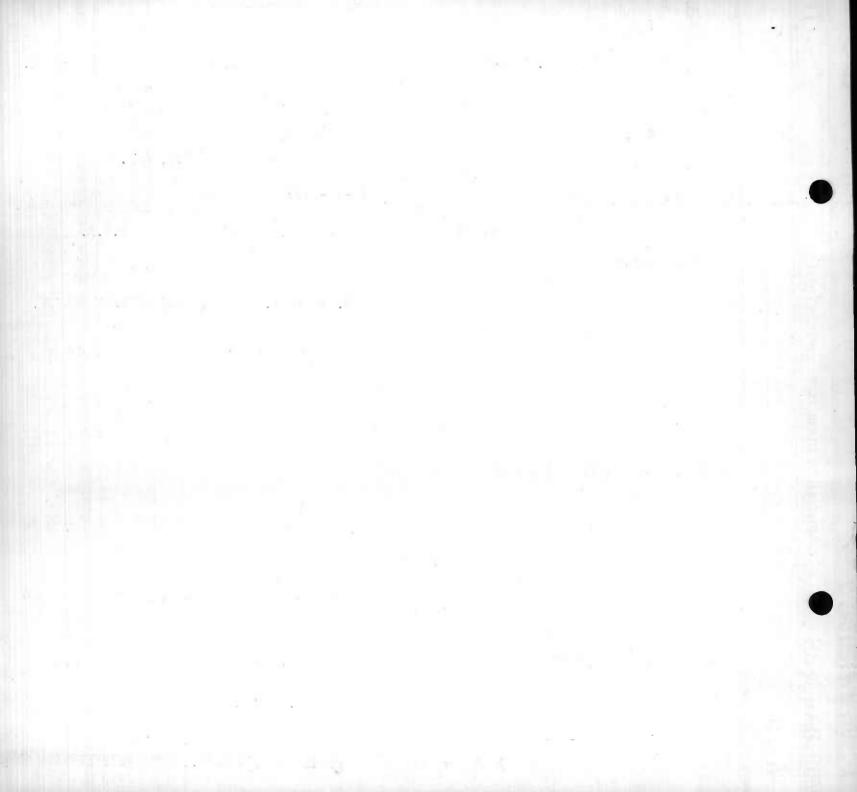
BALTIMORE CITY HEALTH DEPARTMENT



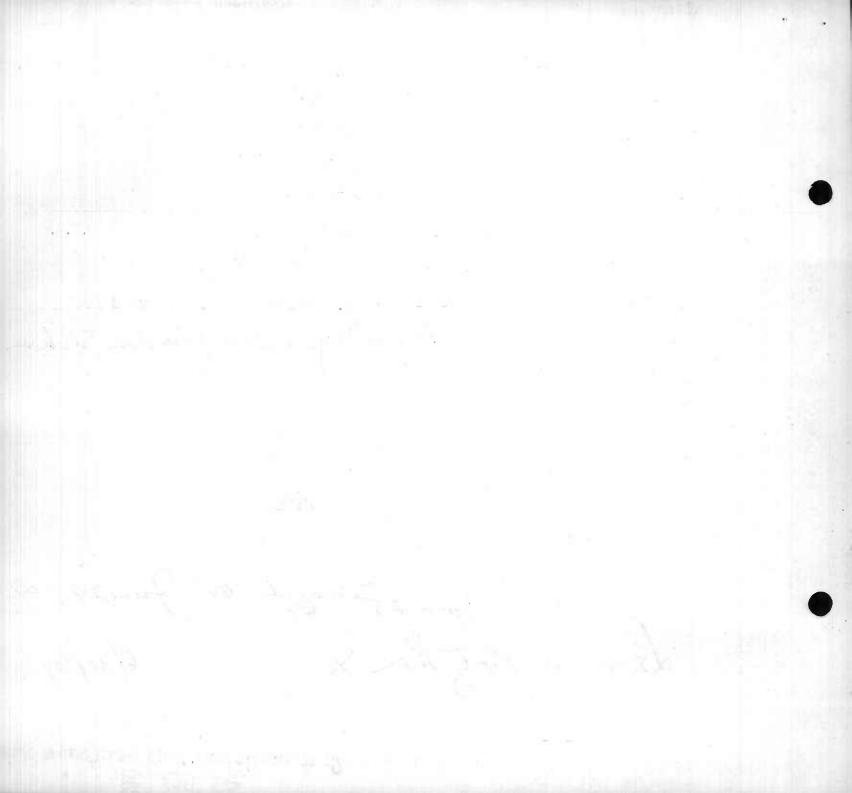
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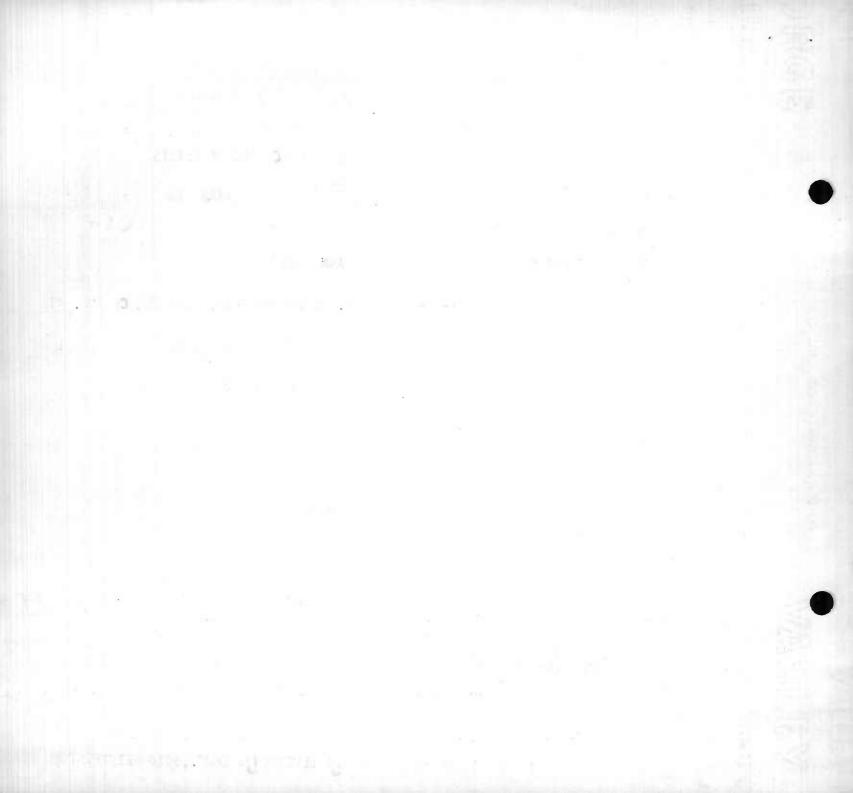
F N=		HEALTH DEPARTMENT				
3-534 69 66	CERTIFICA	TE OF DEATH REG. NO	0. 69 6622			
BIRTH NO.	021(11110)	2. DATE AND HOUR OF DI	C A 7 1 1			
(Type or Print)						
1. NAME OF DECEASED (Type or Print)  MORRIS S. SNYD  3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	EK	JUNE 27, 1969  14. USUAL RESIDENCE (Where deceased lived	5:20 P. M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUNTY	1 17 ) / A			
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	MARY LAND  C. CITY OR TOWN  D. INSIDE CITY LIMITS?  BALTIMORE E. STREET AND NUMBER				
UNIVERSITY HOSPITAL						
38		5859 WESTERN RUN DRI	VE, APT. B			
S. SEX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	s If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
MALE WHITE WIDOV	VED DIVORCED	10-14-1899 69				
10A. USUAL OCCUPATION (Give kind of work 10 B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired)	TTITI	BALLTAMARE MARKETANO	11.0.1			
SALES R	ETAIL	BALTIMORE, MARY LAND	u.s.A.			
SAMUEL SNYDER		ROSE ?				
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
NO	SECONIII IIV.	MRS. ADELE I. SNYDER. 58	859 WESTERN RUN DR.			
18. 2.1	CAUSE OF DEAT		APPROXIMATE INTERVAL			
WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Doy) (Year) (Hour)	ving (B) Q V for or AS (C) (C) (C) (C)	n or obout 21 C. WHERE DID (If In Bo	Diverse 14 years			
S (APPROX.)	While At Not Whil	e 🖂				
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceosed olive and haur and from the couses stated obay 23A. SIGNATURE	an 4/15/169	2 / 26 19 46 to	oplnion death accurred on the dole			
21 Tinhi		ending Med. Staff	6/24/60			
23C. PHYSICIAN'S	DEGREE Phy	s. Director Phys. 23D. ADDRESS	0/2//09			
NAME (Type)			27.11.1			
	C. NAME of CEMETERY OF CRI		(City, town, or county) (State)			
REMOVAL (Specily)			HADVI AND			
	MIKRO KODESH BET	OSC FUNERAL DIRECTOR	ADDRESS			
JUL1 1969 V	erote derote min.	O Ser traisons a pros.	6010 REISTERSTOWN ROA			
VS 150-REV. 1/1/68						

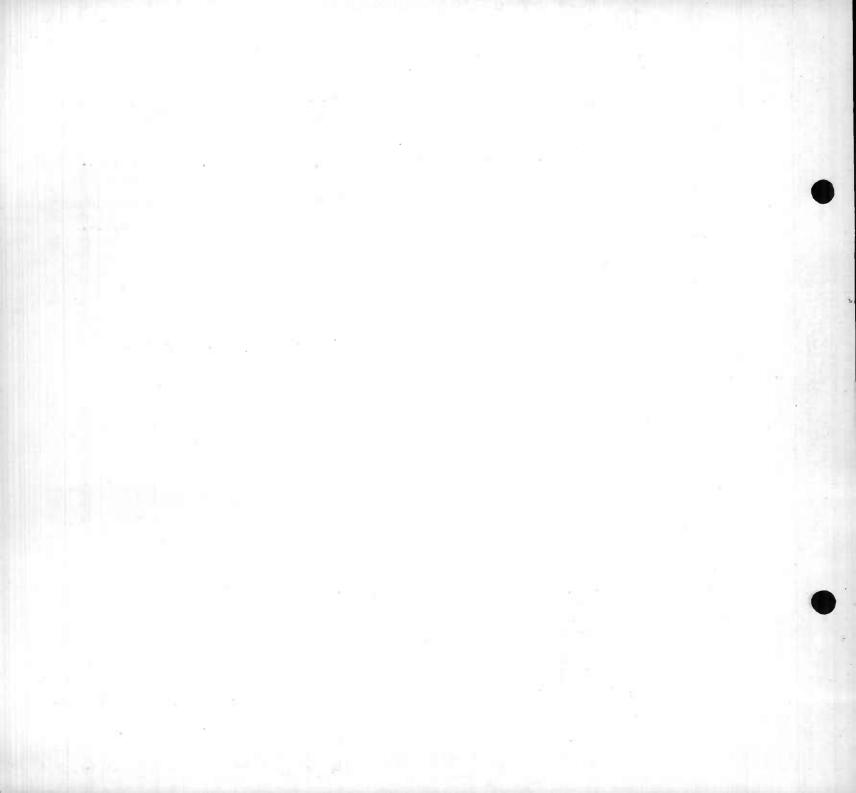


D. INSIDE CITY LIMITS?  YES NO DECITY LIMITS?
D. INSIDE CITY LIMITS?  YES NO   E (In years rithday)  Ountry)  12. CITIZEN OF WHAT COUNTRY
D. INSIDE CITY LIMITS?  YES NO NO Nother 1 Yr. If Under 24 Months Doys Hours Midus Midus Nother 1 Yr. Midus Nother 1
D. INSIDE CITY LIMITS?  YES NO Months Doys Hours Mi  Ountry)  12. CITIZEN OF WHAT COUNTY
YES NO
E (In yeors If Under 1 Yr. If Under 24 Months Doys Hours Mi
orthdoy)  Months Doys Hours Mi  O 12. CITIZEN OF WHAT COUN
orthdoy)  Months Doys Hours Mi  O 12. CITIZEN OF WHAT COUN
0 12. CITIZEN OF WHAT COUN
11. S. A.
U. U. I.
ADDRESS
AM. 4211 FORDS LANE
. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
(If in Baltimore City, give exoct location)
OCCUR?
9 10 true 29 106
(my) (qur) opinian death accurred an the
(my) (doi) opinion death decoired on the
ION DATE CICHED
23 B. DATE SIGNED
238. DATE SIGNED
123 B. DATY SIGNED 6 30/69
D 6/30/69
□   6/30/69 UE



		4		BALTIMORE CITY	HEALTH DEPARTM	MENT				
1	0-31	5	69 66	24 CERTIFICA	TE OF DEA	TH	REG. NO.	-69-	6624	
	TH NO.	ACED		CERTITION		DATE AND HO	UID OF DEATH			
	pe or Print)	Go	ODMAN	Hilda	Policy.	6-27	-69		8:30 cm.	
3. 1	PLACE IN BALT	IMORE, MAR	YLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDEN	B. COUNTY .		stitution; resi	idence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)			Md Baltimore 2740  C. CITY OR TOWN  D. INSIDE CITY LIMITS?							
	EVINDALE	HER	REW HOME	6 INFIRMARY	Ballin	ove	D. 1143	YES K	NO 🗆	
L	- ALA SUCC	000	1,000		E. STREET AND NU			120 (2)	110	
1					6204 PEAR	SE AVENL	IE #2121	5		
5. S	EX	6. RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years	If Under	Yr. If Under 24 Hrs. Days Hours Min.	
	FEMALE	WH			KXXX	lost bi	1XX 76	A COUNTY D	ouys Hoors Ivin.	
				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat	te or foreign cou		12. CITIZE	N OF WHAT COUNTRY?	
don	during mast of w HOUSE			T HOME	BUSSI	+		US	4	
13.	FATHER'S NAM			HONL	14. MOTHER'S MAIL	DEN NAME				
	RENTAL	MIN APP	LESTINE		XMM ANNA ?					
15.	Was Deceased	Ever in U. S.	Armed Forces?	1 6. SOCIAL					ADDRESS	
(Yes		(If yes, give	war or dates of servi	security NO.						
_	NO			219-20-5985 CAUSE OF DEAT	MRS. BERTHA	SWOGELI	6204 1	PEAKGE	AVE. #15	
	18. 73	4,9	121011 DIDECEL II					BE	TWEEN ONSET AND DEATH	
		LEADING TO	TION DIRECTLY		Pranch	oh MOIN	monia		1 4/6	
			made of dying,	e.g., DUE TO, OR AS	USE Bronch A CONSEQUENCE OF:	7,7,000				
			II means the dise							
	ANTECEDENT CAUSES Collagen			sen 8	rsease			years		
	DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:									
	rise to the	above ca	use (A) stating	1he				- D		
	UNDERLYING	CONDITION	N lost.	(C)					440000000000000000000000000000000000000	
z	OTHER SIGNIE	CANTCONDI	IONS CONTRIBUTI	NG						
TIO	TO THE DEATH	BUT NOTRE	LATED TO THE TERMIN							
CZ				OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED					
ERTIFIC	0		WAS PERFORMED		NO IN CERTIFYING CAUSES OF DEATH?					
C	21 A. ACCIDEN	T WAS UND	ERLYING T	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21 C. WHER	E DID	(If in Boltimor	re City, give	exoct locotion)	
AL	DEATH (notify	21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		, inde stage, into an or						
EDIO		OF INJURY		21F. HOW	DID INJURY O	CCUR?				
\$	(APPROX.)			le 🗍						
		12. I certify that (I) (this hospital) attended the deceased from 4-6-1965 to 6-27-1969.								
		that (1) (we) last saw the deceased alive an								
	23A. SIGNATUI	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.    238, DATE SIGNED								
		1 1 1 1 2 2 2 2								
	22C BHYSICIAI	DEGREE Phys. Director Phys.								
	NAME (Ty		é ARI	AIZ	7 Olerlin	Cour	+ Tou	son.	Md. 31204	
244	BURIAL CREA		DATE 24	C. NAME of CEMETERY OF CR	EMATORY	24D. LOCATI	ON (C	ity, town, or	county) (Stote)	
	BURIA		-29-69 W	ORKMEN CIRCLE		BALTI	MORE. MA	RYLAND		
25A	DUKIA DATE REC'D				25C. FUNERAL D				ADDRESS	
		UI, I	DEPT. 196925B. (N)	cell ci garden, M.D	SOL LEVII	ASON'S B	ROS.,601	O REIS	TÉRSTÓWN ROAL	j
1/5	150 REV T/1/4	D		42 6 25	9 4	E 1997				=





9	69 6626	BALTIMORE CITY	HEALTH DEPARTMENT		69 6626		
-			TE OF DEATH	REG. NO	0020		
	BIRTH NO.  1. NAME OF DECEASED			ND HOUR OF DEATH			
	(Type or Print) A				1 2 4		
	Louis Kralick  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD		69 ere deceased lived. If in:	stitution: residence before admission)		
	S. TEACE IN SALIMONS MARKET ROTTO	NCID DEAD	A. STATE B. COUI		730		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	MARYLAND		102		
	HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN		DE CITY LIMITS?		
	MIDTOWN HOME, INC.	SALTIMORE		YES NO			
	70 808 St Paul St	E. STREET AND NUMBER	0.	2—			
9	Baltimore, Md			TLOVER O	7.		
BBB	5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	M WIDOWED	DIVORCED [	4/3/84	85			
2	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY		
noi i sod si b	done during most of working life, even if retired)	KERY	WISCONS	14)	U.S.A.		
2	13. FATHER'S NAME	7(10.17)	14. MOTHER'S MAIDEN NA				
2	1		11				
2	LOUIS GRALICIE			NOWN			
- 11	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1/ 1/2 /	ADDRESS		
	No -	217 07 0972	191. Grthur W.	Malick-	105 N. Try live		
	18. 4/12/1	CAUSE OF DEAT	1		APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY	<b>^</b> .	. 0		BETWEEN ONSET AND DEATH		
9	LEADING TO DEATH	WANTEDIATE CAL	to Planet	y Jacken			
	(This daes not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	C1146			
0	injury or complication which caused death.)	artu	industra	C 0 0 1			
empaimed	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	( , , , , , , , , , , , , , , , , , , ,			
9	rise to the above cause (A) stating the	1121-	i touch	In FACK	•		
remains	UNDERLYING CONDITION last.	(c) CO 000	of 1 races	27776972			
B	2 11						
9	OTHER SEGNIFICANT CONDITIONS CONTRIBUTING						
- ne	V DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	IZOA ALITOPEYZ (Yas or N	AN ZOR IE VEC WEDE E	TARINGS CONSIDERED		
-	WAS PERFORMED	THE OTERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	USES OF DEATH?		
9	ш	PLACE OF INTLIBY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltimore	e City, give exoct location)		
betore	OR CONTRIBUTING CAUSE OF home	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	(ii tii ooiiiiiort	o only, give exect locollett)		
	U						
Dec D	U OF INJURY	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?			
	(APPROX.) Whi	e At Work					
0	22. I certify that (1) (this hospital) attended th	e deceased from A	en 23	1969 10 Am	4 1 1965		
0	that (I) (we) lost sow the deceased alive an		4		nlor death occurred on the date		
De					mon death accorred on the dun		
must	and hour and from the couses stated above. (1	(dld not) v	iew the body ofter deoth.				
E	23A SIGNATURE	1 1	nding CD Mad CD	Shell Co	238, DATE SIGNED		
	Melaix Oxperse	OF GEGREE Phy	nding Med. Director	Shaff Phys.	)/1/6)		
>	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	.79	10		
0	Willand Apple Fer		6615 Mei	7 terston	- RE		
approva	24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CRI	MATORY 24D. I	LOCATION (Cit	ty, town, or county) (Stole)		
	REMOVAL (Specify)	EENMOUNT (	REMATORY	BANO.	Mo-		
riffen		E-DECISTRAP			ADDRESS		
2	25A. DATE REC'DULT HEALTH 1969 TO ES	Jaiber 4.0	256. AVNERAL DIRECTO	00 - 233	11 200 1A		

69 6627 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69	6627
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RIG	RTH NO.		MED	ICAI	- L/	AMIIALKO	LKIII	CAIL	JI DLA	REG.	NO		
-	NAME OF DEC	FASED					2. DATE	Known	Month.	Day	Y	ear Hour	
(Ty	o (Charl	ie)	CHARL	ES A	AND	REWS	OF	Estimated.		ne 28,		1001	
_			RYLAND, W	HERE P	RONC	UNCED DEAD	3. DATE	E3mmorea,	Month	Doy		ear Haur	М.
FUI	LL NAME OF	(IF NO	T IN HOSPITA	LORINS		ON, GIVE STREET		UNCED DEAD		ne 28,			31 P. <sub>M.</sub>
	SPITAL	ADDRE	SS OR LOCA	TION)			5 HSHAL	RESIDENCE (V					
		2029 Mc	Cu11o	h St	ree	-	A. STATE			B. COU		LIA -	7
6	SEX	7. RACE	Oulio			NEVER MARRIED	C. CITY O	Marylan	u	D INSI	DE CITY LIM	TO -	)
	Male	Negr	.0		-		C. CITT O	Baltimo	re	D. 111311			1
0	DATE OF BIRT		10. AGE (fr	WIDON		DIVORCED L	E STREET	AND NUMBE			YES 🔀	NO L	
			lost birthdo		Mont	hs Doys Hours Min.	E. SIREEI						
1	11-17-19		49			TITEN OF		2029 Mc					
	BIRTHPLACE (S					ITIZEN OF HAT COUNTRY?		S'S NAME D					es.
	Greenvil					HAT SOUNTRY?		XXXXXXXXX		XXXXXXX	NKENK	(RXXXXX	XXX
don	USUAL OCCU eduring most of v	PATION (Giv varking lile, ev	e kind of work en if retired)	148. KINI	D OF E	SUSINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN	NAME			- 2	
	Laborer			Wes	tin	ghouse		ine Andr	ews				
16. (Ye	WAS DECEAS s, no or unknown	ED EVER IN	U.S. ARMED	FORCE	<b>5</b> ?	17. SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRES	5	1
,,,,	No.	(, 65, 6			-,	230-03-6292	Mrs.	Beulah	Andrews	2029	McCu1	loh St	reet
Г	19.	2.2				CAUSE OF DEA	ŤH						TE INTERVAL
	DISEAS	E OR COND	ITION DIRE	CTLY		Hypertens	ive ar	d arter	ioscler	otic			
		LEADING TO		-,-,		(A)IMMEDIATE					e		
	heart lailure	ot meon the , osthenia, etc nplication whi	. It means the	disease,		DUE TO, OR	S A CONSE	QUENCE OF:					to recording our also districtly with olds with olds with this tide of
н									200				
		OR CONDITI		CIVINO		(B)	AS A CONS	EQUENCE OF:					
	RISE TO TH	E ABOVE CA	USE (A) STA			00E 10, 0K	A3 A CO.113	EQUENCE OI.					
Z	UNDERLYIN	NG CONDIT	ION LAST.			(c)			*******				
CERTIFICATION			II										
S		IIFICANT COS											
프		CONDITION											V
*	20A. DATE OF	POPERATIO	N 20B. COM	NOITION	FOR	WHICH OPERATION W	AS PERFOR	MED			21. 7	AUTOPSY? (	res ar Na)
بـ	2												es
₹	UNDERLYING	NAL CAUSE			22B. F	PLACE OF INJURY (e.g., , form, factory, street, affic	in or obout e bldg., etc.)	22C. WHERE I	OID (If in Bolting) IR?	more City, gl	v e exoct laca	tian)	
MEDI	UTING CA												
Σ	OF INJURY	(Manth) ((	Ooy) (Yeor	) (Hou	1	E.INJURY OCCURRED		22F. HOW DIE	O VAULUI C	CCUR?			
	(APPROX.)						ORK						
	23.												
	l cert	ify that I h	eld on I	nquiry		Inspection Au	topsy X	ond that	on this bosi	s, deoth i	n my opini	on	
П	resul	ted from: N	latural cou	ses X	A	ccident Suicle	le 🗌 🕒	lomicide 🗌		mined mon	ner 🗌		
		1	1	0	1	1		CHIEF MEDIC	AL EXAMINE	R 🗌		DATE	SIGNED
	SIGNAT		car	0	, <	Ta lun	AS:	ISTANT MEDIC	CAL EXAMINE	R X		DAIL	SIGINED
L	EXAMIN		22100	0 0	nrii	ngate, M.D.	ASS	OCIATE MEDIC	CAL EXAMINE	R 🗌	Tuno	29, 1	969
	NAME (	ype)	iaries	o • o	brr	igate, m.b.					June	27, 1	707
24	A. BURIAL CRE		248. DATE		24	C. NAME of CEMETERY	or CREMAT	ORY	24D. LOCATIO	ON (City	, tawn, ar co	aunty)	(Stote)
KE	MOVAL (Speci Buri	a'l	7-3-6	59		Mt. Calvary	Ceme te	ry	A.A. 0	·o.,	Mar	yland	
25	A. DATE REC'D	BYHEALTH	DEPLOCO	258.	NAME	OF REGISTRAR	25C.	FUNERAL DIE	RECTOR		ADDRES	55	
		GOLT	1303	168	est.	E. Jaiber, M.D.	MI	ORTON &	DYFTT F	Н. 17	ol Lai	rens S	treet
				10	-	900	0				J		
VS	151-REV. 1/1/61	3		. 3	140		. 0	/ 4	THE .				

아이들의 사람이 가장 나는 . The selection is to be selected in the

25C. FUNERAL DIRECTOR ADDRESS

MORTON & DYETT F.H. 1701 Laurens Street

	NAME OF DEC	EASED		2. DATE Known Month	Doy Yes	or Hour
(14)	pe or Print)		CHELL		e 29,1969	10:20
4.	PLACE IN BAL		WHERE PRONOUNCED DEAD	3. DATE Month	Doy Ye	
	LL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD Jun	e 29,1969	10:20
OR	INSTITUTION	. CITY HOSPI		5. USUAL RESIDENCE (Where deceosed A. STATE Maryland	B. COUNTY	timore
6.	SEX	7. RACE	B. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMIT	TS?
1	Male	Negro	WIDOWED A DIVORCED	Baltimore	YES 🔀	NO 🗌
9. [	DATE OF BIRT	H 10. AGE (	In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER		
	5-8-1902	lost birthd	67 Months Doys Hours Min.	405 New Pittsburg A	venue	100
11.	BIRTHPLACE (S	tote or foreign country)	12. CITIZEN OF	13. FATHER'S NAME		
A	rulande	, North Care	olina W.S.A.	Moses Mitchell		
14A	USUAL OCCU	PATION (Give kind of world or king life, even if retired)	14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME		
	etired	Olking me, even stremred)	Beth-Steel	Unk.		
16.	WAS DECEAS	ED EVER IN U.S. ARME	D FORCES? 17. SOCIAL	18. INFORMANT	ADDRESS	
fre	No.	(ii yes, give war or doles	D FORCES? of service) 17. SOCIAL SECURITY NO. 213-07-3241	Mr. William J. Mitch	nell 405 Nev	v Pittsbu
	19. / 0 .	-y	CAUSE OF DEA	тн	- No. of the second	APPROXIMATE INT
	100		Carcino	ma of Prostate		BETWEEN ONSET AN
		E OR CONDITION DIRI LEADING TO DEATH	ECILY			
	(This does n	ot meon the mode of d	ying, e.g., QUE TO OR.	AUSE		
				AS A CONSEQUENCE OF:		
	injury or con	, osthenio, etc. It meons th oplication which coused de	e diseose,	AS A CONSEQUENCE OF:		
	injury or con	, osthenio, etc. It meons th aplication which coused de	e diseose,	AS A CONSEQUENCE OF:		V 0 V 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	injury or con	nplication which coused de	(B)			
	injury or con  Af  DISEASES ( RISE TO THE	nplication which coused de NTECEDENT CAUSES DR CONDITIONS, IF AN E ABOVE CAUSE (A) STA	e disease, softh.)  (B)  DUE TO, OR	AS A CONSEQUENCE OF:		
20	injury or con  Af  DISEASES ( RISE TO THE	nplication which coused de NTECEDENT CAUSES OR CONDITIONS, IF AN	e disease, softh.)  (B)  DUE TO, OR			
TION	DISEASES OR RISE TO THE UNDERLYIN	NTECEDENT CAUSES  OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA GG CONDITION LAST.	(B)			
CATION	DISEASES OR RISE TO THE UNDERLYIN	NTECEDENT CAUSES ON CONDITIONS, IF AN E ABOVE CAUSE (A) STA IG CONDITION LAST.  II IFICANT CONDITIONS C	(B) DUE TO, OR ATING THE (C) CONTRIBUTING			
TIFICATION	OTHER SIGN DISEASE OR	NTECEDENT CAUSES  OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA ING CONDITION LAST.  III  IFICANT CONDITIONS CAUTH BUT NOT RELATED TO CONDITION IN IN INCOMPLET IN IN INCOMPLET IN IN INCOMPLET IN INCOMPLET IN IN INCOMPLET IN INTERCED TO CONDITION GIVEN GI	(B)	AS A CONSEQUENCE OF:		
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L CERTIFICATION	OTHER SIGN TO THE DEAD SEASE OR TO THE DEAD SEASE O	NTECEDENT CAUSES  OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA ING CONDITION LAST.  III  IFICANT CONDITIONS CAUTH BUT NOT RELATED TO CONDITION IN IN INCOMPLET IN IN INCOMPLET IN IN INCOMPLET IN INCOMPLET IN IN INCOMPLET IN INTERCED TO CONDITION GIVEN GI	(B)	AS A CONSEQUENCE OF:	21. Al	UTOPSY? (Yes or
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	OTHER SIGN TO THE DEAD ISEASE OR AND ATE OF	NTECEDENT CAUSES OR CONDITIONS, IF AN EABOVE CAUSE (A) STANG CONDITION LAST.  II  IFICANT CONDITIONS CAUSE (BUT NOT RELATED TO CONDITION GIVEN IN 18 CONDITION (CONDITION) (CO	(B)	AS A CONSEQUENCE OF:  AS PERFORMED		no
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EDICAL	OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF 22A. EXTER UNDERLYING UTING 22D. TIME OF INJURY	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STATE OF CONDITION LAST.  IIIIFICANT CONDITIONS CAUTH BUT NOT RELATED TO CONDITION GIVEN IN 15  OPERATION 20B. CO	(B) DUE TO, OR DUE TO, OR ATING THE (C) DUE TO, OR THE TERMINAL PART 1 (A).  NDITION FOR WHICH OPERATION W.  228. PLACE OF INJURY (e.g., home, form, foctory, street, officer) (Hour) 228. INJURY OCCURRED WHILE AT NOT	AS A CONSEQUENCE OF:  AS PERFORMED  in or obout a bidg., etc.) INJURY OCCUR?	ore City, give exoct locotic	no
EDICAL	OTHER SIGN TO THE DEAD ISEASE OR AND ATE OF UNDERLYING UTING CA 22D. TIME COFINJURY (APPROX.)	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STATE OF CONDITION LAST.  II OFFICANT CONDITIONS CAUSE (A) STATE OFFICANT CONDITIONS CAUSE (A) STATE OFFICANT CONDITIONS CAUSE OPERATION 20B. CO	(B) DUE TO, OR DUE TO, OR ATING THE (C) DUE TO, OR OTHE TERMINAL PART 1 (A).    CONTRIBUTING OTHE TERMINAL PART 1 (A).	AS A CONSEQUENCE OF:  AS PERFORMED  in or obout 22C. WHERE DID (if in Boltime bldg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR	ore City, give exoct locotion	no no
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EDICAL	OTHER SIGN TO THE DEAD ISEASE OR 20A. DATE OF 22A. EXTER UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.)	INTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STATE OF CONDITIONS (IF AN E ABOVE CAUSE (A) STATE OF CONDITIONS (IF AN E ABOVE CAUSE (A) STATE OF CONDITIONS (A) STATE OF CONDITIONS (C) STATE OF CONDITIONS (C) STATE OF CONTRIB- USE OF DEATH. (Month) (Doy) (Year OF CONTRIB-	(B) DUE TO, OR DUE TO, OR OTHE TERMINAL PART 1 (A).  NDITION FOR WHICH OPERATION W.    228. PLACE OF INJURY (e.g., home, form, foctory, street, officer) (Hour)   22E.INJURY OCCURRED WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	AS A CONSEQUENCE OF:  AS PERFORMED  in or obout 22C. WHERE DID (if in Boltime bldg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR  tapsy and that an this basis ble Homicide Undetermone CHIEF MEDICAL EXAMINER	CUR?	no on)
EDICAL	OTHER SIGN TO THE DEAD ISEASE OR RISE TO THE UNDERLYING TO THE DEAD ISEASE OR READ ISEASE OF INJURY (APPROX.)	INTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STATES OF CONDITIONS (A) STATES OF CONDITIONS CAUSE OPERATION 20B. CO	(B) DUE TO, OR DUE TO, OR ATING THE (C) DUE TO, OR CONTRIBUTING OTHE TERMINAL DART 1 (A).  NDITION FOR WHICH OPERATION W.	AS A CONSEQUENCE OF:  AS PERFORMED  in or obout 22C. WHERE DID (if in Boltime bldg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR  tapsy and that an this basis ble Homicide Undetermone CHIEF MEDICAL EXAMINER	ore City, give exact location	on)

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

The second secon

IMPORTANT

DIRECTOR:

FUNERAL

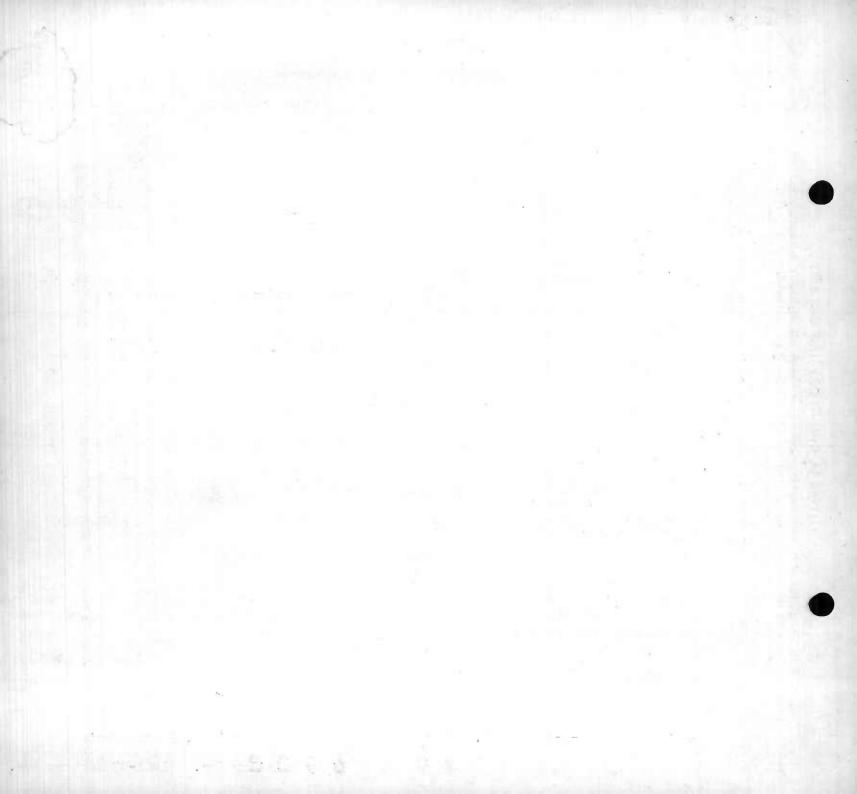
BALTIMORE CITY HEALTH DEPARTMENT

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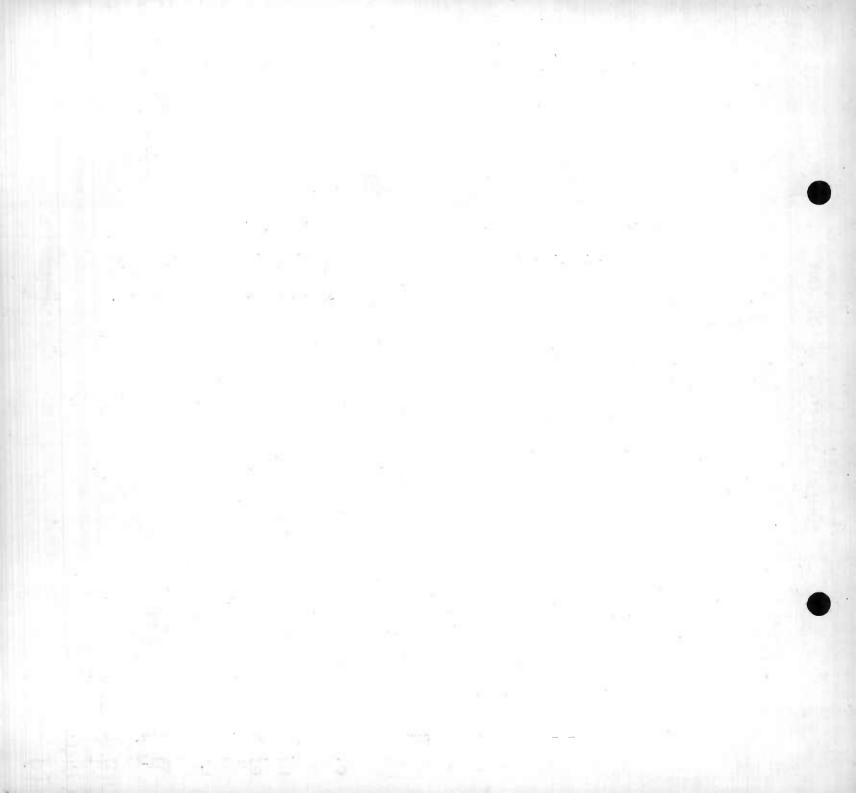
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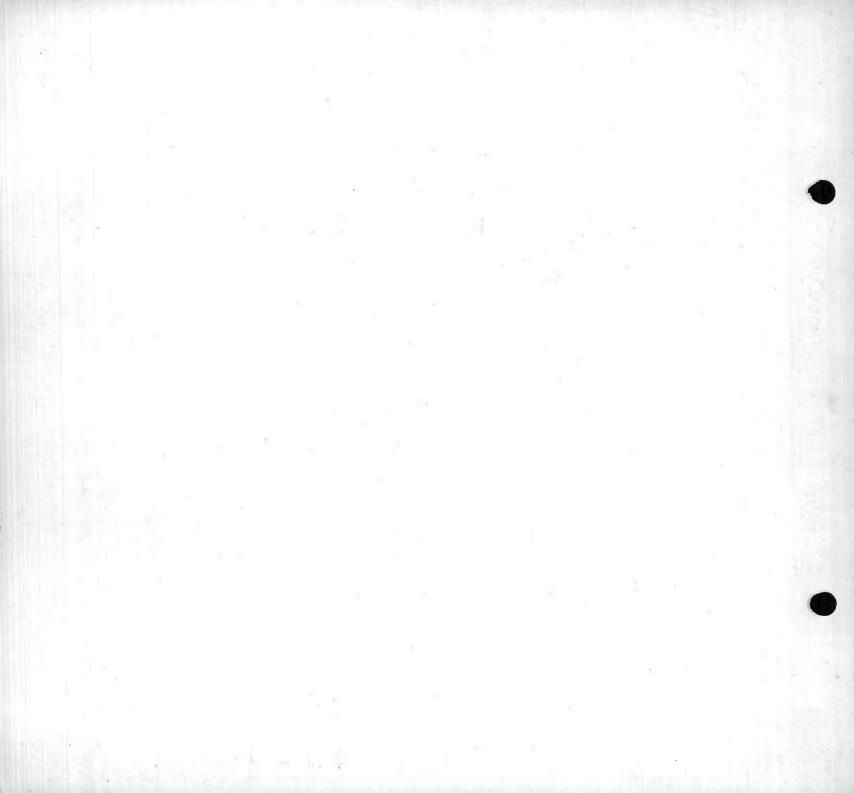
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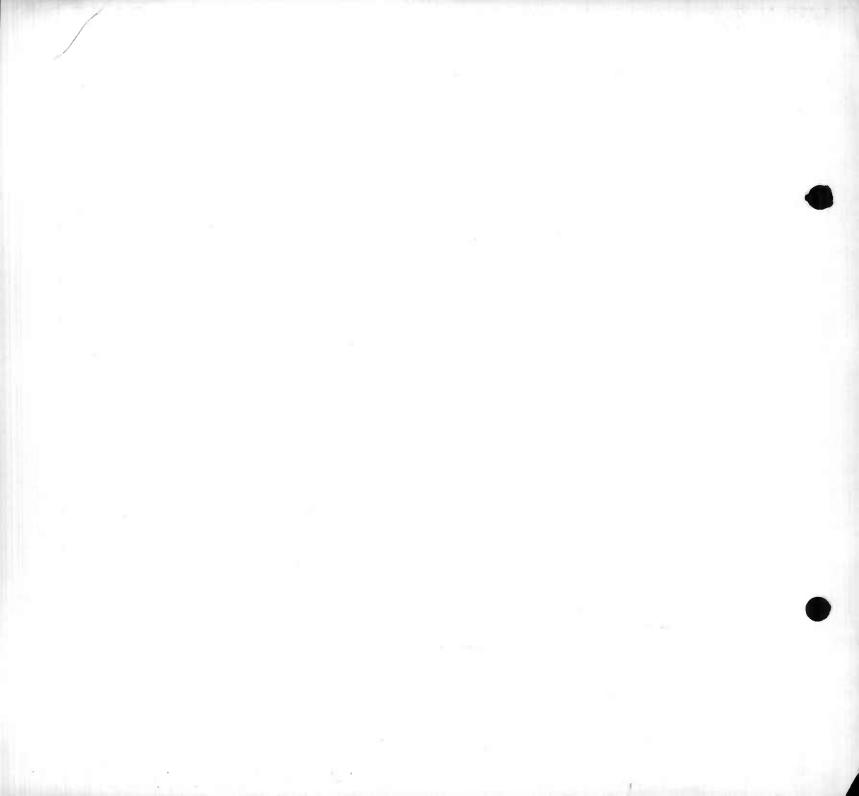
1	nille	-	BALTIMORE CITY HEALTH DEPARTMENT	0000
2	D-00E	BIE	11H No. 69 6633 CERTIFICATE OF DEATH REG. NO. 69	9633
1.	of death of death Deceased e on the	1,1	NAME OF DECEASED	
\$	- D 0 C -		Mildred M. Malthan Tule 70 1969	1:25g.m.
Š		3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived if institution:  A. STATE  B. COUNTY	residence befare admission)
d	hos use (5) de	FU	ILL NAME OF OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)  C. CITY OR IQWN  ID. INSIDE CITY  C. CITY OR IQWN  ID. INSIDE CITY  ID. INS	903
	in a ling causes causes attended	IN	, ,	-
4	ting d cau r attr prior	12	Union Memorialtosp.   Saltimore YES	] ио []
J	D L .	Z	3629 Elkadar Ro	7.
0	occurre ontribut ermined regular regular is made	5. 9	6. RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years   If Und	er 1 Yr. If Under 24 Hrs.
4	ocont bont reg reg sas	104	WIDOWED DIVORCED 125 9	
3	en the	don	YSACTIMONE,	TIZEN OF WHAT COUNTRY?
5c	direct or (; (4) Unc h was in the d	13.	HOME MAKER OWN HOME WA.	26.S.A
3	if ect (4)			
10 3Z		15.	Saac Stermer Sophronia Coll Was Decessed Ever in U. S. Armed Forces? 16 & SOCIAL 17. INFORMANT	ett
TA P	ssistant the di kind; death nce on final di	(Yes	s, no or unknown) (II yes, give war or dates of service) SECURITY NO.	WADDRESS TIMONIO
SA C	5 4 A B B .	-	18. CAUSE OF DEATH	tmen "
- 200	his a so, if fany inced enda d or		DISTAST OF GOVERNOUS PROFESSION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N. N.	Also e of atte		LEADING TO DEATH	
			head failure acthesis at the made of dyrig, e.g.,	
450			injury or camplicolian which caused death.)  Cerebrovas cura arteriscleuses  ANTECEDENT CAUSES	
175	xami kami A fr who regi		DISEASES OR CONDITIONS, if ony, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:	************************
9 2	3) X E		INDEXING COMPANY (A) Siding the	-
7 5	ical ral rs; (cia cia as		UNDERLING CONDITION 108L (C)	<b>D</b> #
7 =	Bill r S ≯ E	Z O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
000	TEX DO	AT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	
S N	O TOUC	CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20B IF YES, WERE FINDINGS OF IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
V 5	by a by a 2) Bo 2) Bo re the physicore t	CE	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, form, foctory, street, office bidg., INJURY OCCUR?	
2.h	tal by	CAL	OR CONTRIBUTING CAUSE OF hame, form, foctory, street, office bidg., INJURY OCCUR?	e exact ideation;
20	C W	0	21D.TIME (Monih) (Day) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	hosp nature ept v d (6)	٤	OF INJURY (APPROX.)  While At  Not While At Work	
	SEXXER		22. I certify that (1) (this hospital) ottended the deceased from Lune 1905 to Lune	30 1065
	f a f a		that (I) (we) last saw the deceased alive one 30 19 65 and that in (my) (aur) apinion dea	th occurred on the date
	0 0 7 7		and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death.	The desired on the detail
			23A. SIGNATURE 23B. DA	TE SIGNED
	must eleas ccide a hos to do		DEGREE Phys. Director Physics	130169
	ior ior		23C. PHYSICIAN'S NAME (Type)	
	This certificate muthe body was releshows: (1) An accie was D.O.A. at a hudecased prior to written approval	210	Dr. Charles R. Goshen Union Memorial Hospital	
	1000 P	Z4A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Gity, town, of CEMETERY OF CREMATORY)	or county) (State)
	body ws: (%s D.O	25A	Burial 7/2/69 Loudon Park Baltimore, Date REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 125C, FUNERAL DIRECTOR	Md.
	This c the b show: was l dece		DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR & Sons Co. 49 150-REV. 1/1/68	905 York Rd.
		VS	150-REV. 1/1/68  Balto 12	Md .

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	BALTIMORE CITY HEALTH DEPARTMENT 69 66	22/
RID	REG. NO. 69 6634 CERTIFICATE OF DEATH REG. NO. 60 60	10.2
. N	NAME OF DECEASED HARVEL, MARGUERITE H. 2. DATE AND HOUR OF DEATH APPEAR OF DECEASED HARVEL, MARGUERITE H. JUNE 28 1969 133	P.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence	before admiss
FU HC	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  D. INSIDE CITY LIMITS?	07
2	BALTIMORE YES P	NO 🗌
)	GOOD SAMARITAN HOSPITAL 3925 BEECH AVENUE	
S. 5	F 6. RACE 7. MARRIED NEVER MARRIED 3/1/89 9. AGE (In years lost birthday) Months Days	If Under 24 Hours Mi
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)  12, CITIZEN OF	
13.	HOUSERVIFE CUN HOME MARY LAND W.S. B. FATHER'S NAME GOODWIN 14. MOTHER'S MAIDEN NAME	
	CHARLES, HOGG MARGARETWILDERMAN	
	. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRE	
-	LAUSE OF DEATH	XIMATE INTERV
	DISEASE OR CONDITION DIRECTLY	ONSET AND
	ANIMMEDIATE CAUSE	4EA1
	(This daes not mean the made of dying, e.g., healt lailure, asthenia, etc. It means the disease,	1
	injuly at camplication which caused death.)	
	ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS II any giving  DUE TO, OR AS A CONSEQUENCE OF:	
	ise to the above cause (A) stating the	
	UNDERLYING CONDITION last. (C)	
Z.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
FIC.	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSI	DERED
ERTIFIC	yes	
AL C	J 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (It in Baltimore City, give exact I home, form, foctory, street, office bldg., INJURY OCCUR?	location)
DICA		
MED	OF INJURY	
	(APPROX.)	10
	22. I certify that (this hospital) attended the deceased from 1964 to June 24	19
	that M (we) lost sow the deceased alive on 19 ond that in (our) opinion death occur	irred on th
	ond hour ond from the couses stoted obove. (We) (did) (did not) view the body ofter deoth.	
	23A. SIGNATURE  Attending Med. Stoff 23B. DATE SIGN	7.4
	NACULOE OCOM, MA Director Phys. Director Phys.	21, 10
	23C. PHYSICIAN'S NAME (Type)	- 4
	MICHAEL COLVIN, M.D. DEGREE GOOD DAMARITAN HOSPIT	AL
247	4A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county	y) (SI
		o. M
25/	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAL OF 1259. FUNERAL DIRECTOR AD	DRESS
	1905 York Rd. Be	lto.
VS	S 150-REV. 1/1/6B	2 M



VS 150-REV. 1/1/61



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

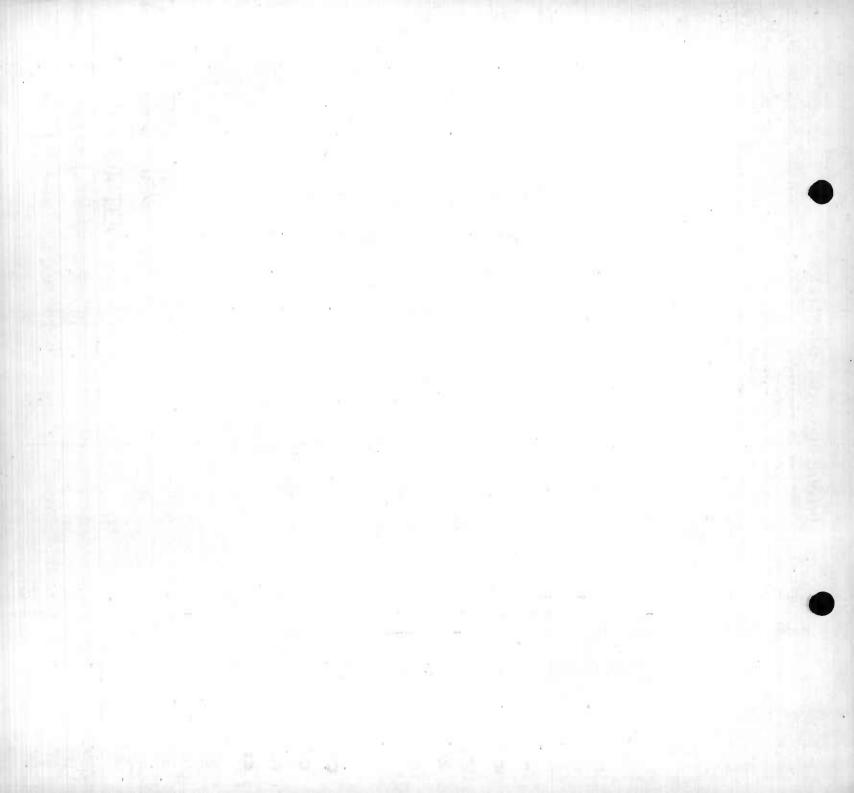
	0	0.00	BALTIMORE CITY	HEALTH DEPAR	TMENT			
BIRTH NO.	р	9 66	36 CERTIFICA	TE OF DE	ATH	REG. NO	69	6636
I.NAME OF					_	ND HOUR OF DEAT	н	
(Type or Print	ADAMS, Myrtle	Burton				30, 1969		6:45 A
3. PLACE IN	BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Whe	re deceased lived. If	institution:	esidence before odmission
FULL NAME	OF (IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Mary		***	1	7110
HOSPITAL O				C. CITY OR TOW		D. IN	SIDE CITY L	IMITS?
	Veterans Admi			Baltin			YES 🔣	№ □
2.3	3900 Loch Rav			E. STREET AND	NUMBER			
5. SEX	Baltimore, Ma			5912	Gle	nor Road		
			NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months	Doys Hours Min.
Fema.	Le   White	WIDOWED		8/24/17		51		
done during mo	ost at working lite, even it refired)	A IND O	L BOSINESS OR INDOSTRA					ZEN OF WHAT COUNTRY
	sewife	Own	1 Home	Burtonsv			U	.S.A/
13. FATHER'S	NAME			14. MOTHER'S M	AIDEN NA	ME		
	T. Burton			Elizab	eth Sc	per		
5. Wes Dece Yes, no or unk	osed Ever in U. S. Armed Fonown) (II yes, give wor or det	rces? es of, service)	1 6. SOCIAL SECURITY NO.	VA Hospi	tol Do	nonda.		ADDRESS
Yes	5/3/42 - 1,	/4/46	215-26-23-12	-		en Blvd., B	0.1+0	M4 01019
18.	2:/		CAUSE OF DEATH	1900 100	II TACAC	II BIVU., D		APPROXIMATE INTERVAL
Di	SEASE OR CONDITION DI	RECTLY					- 1	BETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAU	se Bronch	ogenic	carcinoma	with	2 years
heart fail	es nai meon the made al ure, asthenio, etc. it means	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE	F: wid	espread me	antas	PG
injury or	camplication which caused	death.)					044	
1	ANTECEDENT CAUSES		(0)					
DISEASE	S OR CONDITIONS, IL	any, giving	(8). DUE TO, OR AS	A CONSEQUENCE	OF:			***************************************
UNDERL	the above cause (A)	slaling the	(c)					
	- 11		(-/	***************************************				
O OTHER SIG	SNIFICANT CONDITIONS CO	NTRIBUTING						
O THE D	DEATH BUT NOT RELATED TO TOOR CONDITION GIVEN IN PAI	RT 1 (A).	************************	***************************************				
OTHER SIGNATION THE DISEASE OF THE D	OP OPERATION 198 CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSYT	(Yes or No	20B. IF YES, WERE	FINDINGS	CONSIDERED
22				YES		IN CERIFFING CA	YES	DEATHT
OR CONT	DENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in e, form, foctory, street, olf	er ebout 21 C. WHE	RE DID	(II In Boltime		exoct lecotion)
DEATH (	ofity medical examiner	etc.l						
21 D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED		ILNI DID V	URY OCCUR?	· <del></del>	
(APPROX)		Whi	ile At Not While					
22. I cer	tify that #1) (this hospital			ine 20th	1	9 69 10 June	20th	19 69
that (V) (	we) last saw the decease	d alive as	June 30th	19 69		4.4		
	*					in (sky) (aur) ap	inian deat	h accurred an the date
23A. SJGN	and from the causes stat	red abave. V	) (me) (did) (did/noy) vi	ew the bady afte	er death.			
11/2			Alten	ding Med		Shell Con		ESIGNED
	ucia C. La	luced	1 M. DEGREE Phys.	Direct	ter L.	Staff X Phys. X	June	e 30, 1969
23 G. PHYS				D. ADDRESS	3900 I	och Raven	Bouleva	ard
144 8112121	MARCIA	C. SCH	MIDT, M.D. DEGREE			ore, Maryl		
REMOV	CREMATION, 248. DATE	24C.NA	ME of CEMETERY OF CREA	MATORY			ity, town, e	
Buri	al 7-3-6		lto. Nat'l.		Bal	timore,	M	laryland
25A. DATE RE	C'D BY HEALTH DEPT.	25B. NAME O		25C. FUNERAL H W . Je	DIRECTOR	b.C	1.005	York Rd.
	JUL 1 1969	Jabers E	James 320	JH Ch · Ce	Hall t	asons 1213.	47d5	TOLK MG.



VS 150-REV. 1/1/6B

69 6637 BALTIMORE	CITY HEALTH DEPARTMENT	0000
69 CEPTIEN	CATE OF DEATH REG. NO. 69	6637
BIRTH NO.		
1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	
Katherine V. Dugan	June 30, 1969	1:30 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: r	esidence before admissio
	-41	201
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY L	IMITES
INSTITUTION		
651 Dumbarton Ave.	Baltimore YES X	№ Ц
$\wedge$		
00	651 Dumbarton Ave.	
SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years If Under Months)  Months	Doys Hours Min.
F. WIDOWED DIVORCED		
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU		ZEN OF WHAT COUNT
done during most of working life, even if retired)		
Homemaker Own Home	Baltimore, Maryland US	SA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William T Charm	Mollis D. Dans	
William J. Greer S. Wos Deceased Ever in U. S. Armed Forces?   16. SOCIAL	Mollie E. Brown	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	THE CRIMINAL TO	ADDRESS
No	Mr. Robert R. Dugan	Same
18. CAUSE OF D		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY		BETWEEN ONSET AND DEA
	Aguta myagamdial	10 min.
(This does not mean the mode of dying, e.g., (A) IMMEDIATI	ECAUSE Acute myocardial OR AS A CONSEQUENCE OF: infarction	70 111777
most tenere, estitutio, etc. ii incons inc discose,	k as a consequence or: inlarction	
injury or complication which coused death.)	The state of the s	
ANTECEDENT CAUSES Arte	riosclerotic cardiovascular	10 yrs.
DISEASES OR CONDITIONS, if ony, giving DUE TO, C	eriosclerotic cardiovascular or as a consequence of: disease	
rise to the obove couse (A) stoting the	ebrovascular accident with	14 mo.
		74 1110
	eft hemiparesis	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	>	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED  218. ACCIDENT WAS UNDERLYING 1218. PLACE OF INJURY	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED
E O	No " SEMITING CAUSES ST	DEATH.
U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY	(e.g., in or about 21 C. WHERE DID (If in Bottimore City, giv	e exoct location)
OR CONTRIBUTING CAUSE OF home, form, foctory, streed DEATH (notify medical examiner)	et, office bldg., INJURY OCCUR?	
U		
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED		
	While Work	
	Navambon 61 to 20	). 10 69
22. I certify that (I) (this hospital) attended the deceased from	/ _	19 07
that (1) (we) last saw the deceased alive an June 19,	19 69 and that in(my) (o <del>or</del> ) apinlan dea	th accurred on the do
and haur and fram the causes stated above. (1) (We) (did) (did-n	net) view the bady after death.	
23A. SIGNATURE		TE SIGNED
-//2 /> / / 2 - }		1, 1969
TOUS - Lough open	has. Director Phys. L	T, T,00
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
	3902 Greenmount Ave.	
	EGREE	as country) /Cr. 1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	OF CREMATORY 24D. LOCATION (City, town,	or county) (Stote)
TO 9 1 3T 1 12	Baltimore, Mary	land
Burial 7-2-69 Balto Nat.	2SC. FUNERAL DIRECTOR	ADDRESS
25A. DATE REC'D BY HEALTH DEPT. SB. NAME OF REGISTRAR	H Genking &Sons Co. 490	5 York Rd.
7 1000	Balto Md	21212

Co.4905

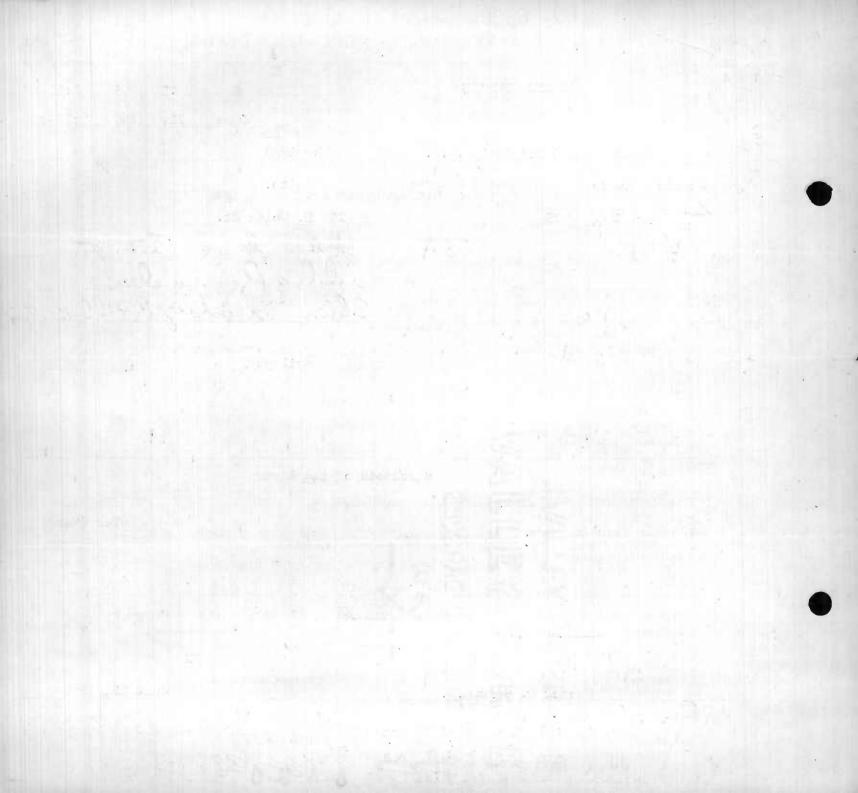


-	4/35. 6100 CO COSO BALTIMORE CITY	HEALTH DEPARTMENT	0000
	BIRTH NO. 69 6638 CERTIFICA	TE OF DEATH REG. NO. 63	6638
	1. NAME OF DECEASED (Type or Print) (SADIE R. Roserie	Ruddy 2. DATE AND HOUR OF DEATH	1030 1
j,	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institutions	residence before admission
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. BALTIN	1005300
- 11		D. INSIDE CITY I	
	3/ MERCY HOSPITAL	E. STREET AND NUMBER 30 & Levenson Aa	NO
BIII	5. SEX  6. RACE  7. MARRIED NEVER MARRIED WIDOWED X DIVORCED		Pr 1 Yr. Il Under 24 Hrs. Doys Hours Min.
2	10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done) dying most of working life, even it retired)	11. BIRTHPL CE (Stoto or loreign country)   12. CIT	ZEN OF WHAT COUNTRY?
	Hostera Kestaurant	Baltimere, ml.	M. S.A.
2	Nather Kinaudo-	14. MOTHER'S MAIDEN NAME	. 20
	5. Was Deceased Ever in U. S. Armed Torces? [Yes, no or unknown] UI yes, give wor or dotos of service]   16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	no 216-05-8216	2 1343 Culting DI	ersmich - 2 12
5 ∥	18. CAUSE OF DEATH	0	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	. Respiratores arrest	minutes
		GONSEQUENCE OF:	
	injury or camplication which caused death.)  ANTECEDENT CAUSES		no - The
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	may not to 2.
	inse to the above cause (A) stating the UNDERLYING CONDITION last. (C)	Bat-Cell Ca of Lung	months
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		3
	CIDISEASE OR CONDITION GIVEN IN PART 1 (A)	Unema	kers.
	194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
	1 121 A ACCIDENT WAS HAIDERLAND TO	of obout 21 C. WHERE DID	
	DEATH (natify medical examined	ice bldg. INJURY OCCUR?	exoct locotion)
	21D. TIME (Manth) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX) Wark Not White At Work		
	22. I certify that (1) (this hospital) attended the deceased fram	25 19 by to	130 19 69
	that (1) (we) last saw the deceased alive on	The state of the s	h occurred on the date
	and hour and from the causes stated abave. (I) (We) (did) (did not) vi-		
	M. Many MD Alten	ding Med. Staff	30 69
	23C. PHYSICIAN'S  AAME (Type)	BD. ADDRESS	100/0/.
.	Dr. J. M. Thorn	Mercy Hospital	
2	4A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATERY O	AATORY 24D. LOCATION (City, lown, or	county) (State)
1	Burial 7-2-69 Balto. Nat'l.	Baltimore, Maryl	and
12	JUL 1 1969 John E. Jake M. J.	25C. FUNERAL DIRECTOR  M.W.Jenkins Ons Co. 4905 Y	ADDRESS
	\$ 150-REV. 1/1/68	H. "Po effertitamonta co . 4402 T	ork Rd.

Cill = 50 - 9 5

MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  I. NAME OF DECEASED  WARTHA MEDLEY  I. PACE IN BAITMORE, MARTHAND, WHERE PRONOUNCED DEAD  I. MARTHAND OF THE PROTOLOGY STREET  OF DEATH SCHIMONE DEAD  I. MARTHAND OF THE PROTOLOGY STREET  I. PACE IN BAITMORE, MARTHAND, WHERE PRONOUNCED DEAD  I. MARTHAND OF THE PROTOLOGY STREET  III DESTRICT OF BRETH  III DESCRIPTION OF THE PROTOLOGY STREET  III DESCRIPTION OF THE PROTOLOGY STREET OF THE PROTOLOGY STREET  III DESCRIPTION OF THE PROTOLOGY STREET OF THE PROTOLOGY STRE		OU BALTIMORE CITY HE	ALIH DEPAK	IMENI			00	0000
APACE IN BALTIMONE, MARTHAN MEDLEY   OF DEATH Estimated   Death Manch   Doy   Property	BIF		CERTIFIC	CATE OF	DEAT	H REG. NO.	69	0038
4. PLACE IN BAILIMORE, MARKEND, WHERE PROVIDUNCED DEAD FULL NAME OF CONTIN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR COORDINO, WHERE PROVIDED DEAD FULL NAME OF CONTIN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR COORDINON SPENT OF THE PROVIDED DEAD FULL NAME OF CONTIN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR COORDINON SPENT OF THE PROVIDED DEAD FULL NAME OF CONTIN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR COORDINON SPENT OF THE PROVIDED DIVINGED TO ADDRESS OR COORDINON SPENT OF THE PROVIDED DIVINGED TO ADDRESS OR COORDINON SPENT OR THE PROVIDED DIVINGED TO ADDRESS OR COORDINON SPENT OR THE PROVIDED DIVINGED TO ADDRESS OR COORDINON SPENT OR THE PROVIDED DIVINGED TO ADDRESS OR COORDINON SPENT OR THE PROVIDED DIVINGED TO ADDRESS OR COORDINON SPENT OR THE PROVIDED DIVINGED DI				Known X	Month	Doy	Yeor	Hour
4. PLACE LIN BAILHORE. MARTIAND, WHERE PRONOUNCED DEAD  Which was a constructed on the provided of the provide	(1)			Estimoted	6	22	69	2.15 am.
A STATE MARRIED NO. A.  S. SEX   N. RACE   S. MARRIED   N. P. MARRIED   N. C. CITY OR TOWN   N. STATE   N. C.	4.		+			Doy		
Church Home & Hospital D.O.A.  6. SEX  7. RACE  8. MARRIED NEVER MARRIED  10. NEVER MARRI			PRONOU	NCED DEAD	June	22.	1969	2:15 a M
Church Home & Hospital D.O.A.  SEX  Female  Negro  OLINSIDE CITYLIMISS  No DLINSIDE CARLIMISS  No DLING CA				SIDENCE (Where	dece osed li		n: residence	
S. SEX   P. RACE   S. MARRIED   NEVER MARRIED   C. CITY OR TOWN   D. INSIDE CITY UNITS?		Charack Hamp C Haradaal D O A		forest and		B. COUNTY	6	14
Remaile Negro   WIDOWED   DIVORCED   Balto.   YES   NO	6					In INSIDE C	TV HAITS?	<u>U</u>
DATE OF BIRTH    O AGE fin years   Bunder 1 Yr. If Under 2 Att.   E. STREET AND NUMBER	٥.	MARRIED NEVER MARRIED	C. CITT OK			D. HASIDE C		
Cause of Death   Cause of Jack   Cause of Ja	_	110010				Y	ES	NO L
1. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT.COUNTRY)   13. FATHER'S NAME WHAT.COUNTRY   14. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN	9.1	lost birthdoy) Months Doys Hours Min.			St.			
14. USUAL OCCUPATION (Give kind of work)   14B. KIND OF BUSINESS OR INDUSTRY   15. MOTHER'S MAIDEN NAME   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   18. INFORMANT   18. INFORMANT   18. INFORMANT   19. ON THE STORY   19. ON	11.							
14. JULIA OCCUPATION   Give kind of work   14. KIND OF BUSINESS OR INDUSTRY   15. WOTHER'S MAIDEN NAME   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL IV NO.   18. INFORMANT   ADDRESS   17. SECURITY NO.   18. INFORMANT   ADDRESS   18. INFORMANT   18. INFORMAN		1/10 61	- Que	han k	2011	0 1	111	
10. WAS DECEASED EVER IN U.S. ARRED FORCES?   17. SOCIAL CAUSE OF DEATH   1. INFORMANT   1. IN	146		VIIS MOTHER	S MAIDEN NAM	AE.	Ca	VLY	green _
Cause of Death   Disease or condition directly   Cause of Death   California   California   Cause of Death   California   Cause of Death   California   Californi			all	Die /	2ic	hone	Ber	
CAUSE OF DEATH    CAUSE OF DEATH   CAUSE OF DEATH   CAUSE OF DEATH   CAUSE OF DEATH   CAUSE OF DEATH   CAUSE OF DEATH   CAUSE OF CONDITION DIRECTLY   CAUSE OF DEATH   CAUSE OF DEATH   CAUSE OF CONDITION S. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO THE SIGNIFICANT CONDITION LAST.   CC).    CO			18. INFORM	ANT	1	1 A	DDRESS	00 -
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ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER XXX  NAME (Type) Werner U. Spitz, M.D.  24A BURIAL CREMATION, REMOVAL (Specify)  Color Raman Color Rama							оринан	
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER DATE DATE DATE DATE DATE SIGNED  ASSISTANT MEDICAL EXAMINER DATE DATE DATE DATE DATE DATE DATE DATE		resulted fram: Natural causes 1 A Accident Suici	de ∐ Ha	micide 🔲 📗	Undetermi	ned manner		
ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER June 22, 1969  24A BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  24C. NAME of CEMETERY or CREMATORY  COUNTY (Stote)  COSS RAM  CONTROL		11111		HIEF MEDICAL E	XAMINER			DATE SIGNED
EXAMINER'S NAME (Type) Werner U. Spitz M.D.  24A BURIAL CREMATION, REMOVAL (Specify)  24B. DATE DATE (Specify)  ASSOCIATE MEDICAL EXAMINER June 22, 1969  24D. LOCATION (City, town, or county) (Stote)  COSS RAM			ASSIS	TANT MEDICAL E	XAMINER	XX		DATE SIGNED
NAME (Type) Werner U. Shitz M.D.  24A BURIAL CREMATION, REMOVAL (Specify)  Date  124C. NAME of CEMETERY or CREMATORY  Construction  Constructi				CIATE MEDICAL E	YA MINIER			
24A (BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY Specify) (24D. LOCATION (City, town, or county) (Stote)			A330	CIAIL MEDICAL E	, warming with	Ju	ne 22.	1969
REMOVAL (Specify) 6-25-69 Cross Road South Boston Vo	24.	ACBURIAL CREMATION. 24B. DATE V24C. NAME of CEMETERY	gr CREMATO	RY 24D.	LOCATION			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FUNERAL DIRECTOR ADDRESS	RE	MOVAL (Specify) 6-25-69 Cross/2	Pand	/	Kor	th /	300	ton Vo
	25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C F	UNERAL DIRECTO	OR	7	DDRESS	

VS 151-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

3

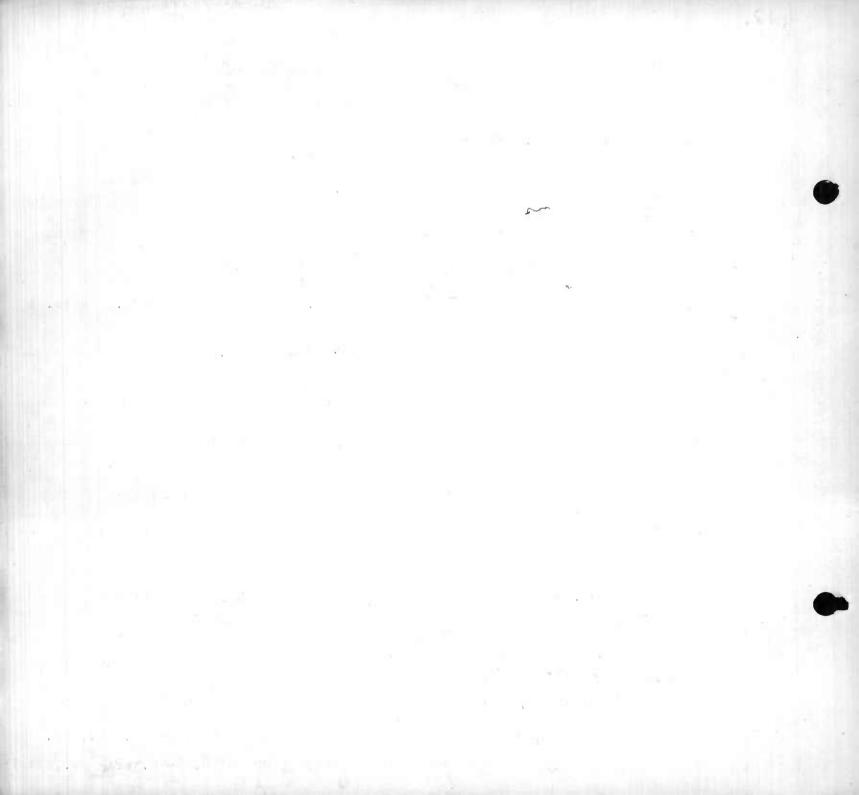
V\$ 150-REV, 1/1/68

12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Balto. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 238 DATE SIGNED (City, town, or county) (State) Pikesville, Balto. Co., Md. STEWART & MOWEN CO.108 W.North Av., Cityl

NO

Hours

If Under 24 Hrs.



shows: Mas

VS 150-REV. 1/1/68

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ath.

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and of death Deceased

cause

25C. FUNERAL DIRECTO

ADDRESS



	69 6		HEALTH DEPARTMENT	REG. NO. 65	6642
	BIRTH NO.	642 CERTIFICA	TE OF DEATH	REG. NO.	0046
	T. NAME OF DECRASED (Type or Print)		2. DATE AND	HOUR OF DEATH	1 , 55 ,
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE) B. COUNTY	deceosed lived, If institu	lion: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN: HOSPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	1604
-	420	$\Omega$	Baltimore		SD NO
	Bon Secouls Hosp, Va		E. STREET AND NUMBER	Ison Ave	
BBE	5. SEX 6. RACE 7. MARRI Fernale Negro WIDOW		8. DATE OF BIRTH 9.	AGE IIn yeors III	Under 1 Yr. If Under 24 His.
2	10A, USUAL OCCUPATION (Give kind of work 10B, KIND		11. BIRTHPLA CE (State or foreign		2. CITIZEN OF WHAT COUNTRY?
disposition	done during most of working life Even if refired)  13. FATHER'S NAME		Virginia, Ha	litax	USA
2	1/1/1/2 01. 1.		14. MOTHER'S MAIDEN NAME	/	
	15. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	Josic Clock		
3	(Yes, no of unknown) lif yes, give wor at doles of service	e) SECURITY NO.	Geraldino Po	well 1894	Chrydia Mr
5	18. 14.5 0 Y	CAUSE OF DEATH	1	MA 1021	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	/mas	Hive mule	embolio	7. Augustin
	IThis does not mean the made of dying, e	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		1000
	heart lailure, asthenia, etc. It means the disea injury ar camplication which caused death.)	se,	Constanting.		
	ANTECEDENT CAUSES				
0	DISEASES OR CONDITIONS, if any, givi	ng (B)	A CONSEQUENCE OF:		
2	rise to the above cause IA) stating I UNDERLYING CONDITION last.	he (C)			
					***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA	G			
	O DISEASE OR CONDITION GIVEN IN PART 1 (A).		120A ALIED BOUR IV Nell d	20E 18 255	
	WAS PERFORMED		ره ا	20B. IF YES, WERE FIND	OF DEATH?
- 11	OR CONTRIBUTING CAUSE OF	PIB. PLACE OF INJURY (e.g., in nome, form, factory, street, aff ntcJ	or about 21 C. WHERE DID	(if in Baltimore City	y, give exoct location)
		1E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
		While At Work Not While At Work			
	22. I certify that (I) (this hospital) attended		6-26 19	69 to 6	. 28 1966
	that (1) (we) lost saw the deceased alive of				deoth occurred on the date
	ond hour and from the causes stated above	(1) (We) (dld) (dld not) vi	ew the body ofter death.		
<u> </u>	23A. SIGNATURE			23 B.	DATE SIGNED
	U. Sample	DEGREE Phys.		off co	6.28-69
	23C. PHYSICIAN'S NAME IType		3D. ADDRESS		
	U. SANGRUM	DEGREE	B3H.		
	24A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CRE	MATORY 24D. LOC.	ATION SEIN. Y	wn, or county) (Stote)
	BUSIAS 7/2/1969/11	T- Cullaum C	em. Bal	lo. 17/01.	
	25A. DATE REC'D BY HEALTH/DEPT 25B. NAM  JUL 1 1969	E Jaiber M.D.	25C. FUNERAL DIRECTOR		ADDRESS
	JUL 1 1303 NGO 240 VS 150-REV. 1/1/68	A same	YISOCOLUMN THEN	may Home 3	1711. SCANOCOLU ST

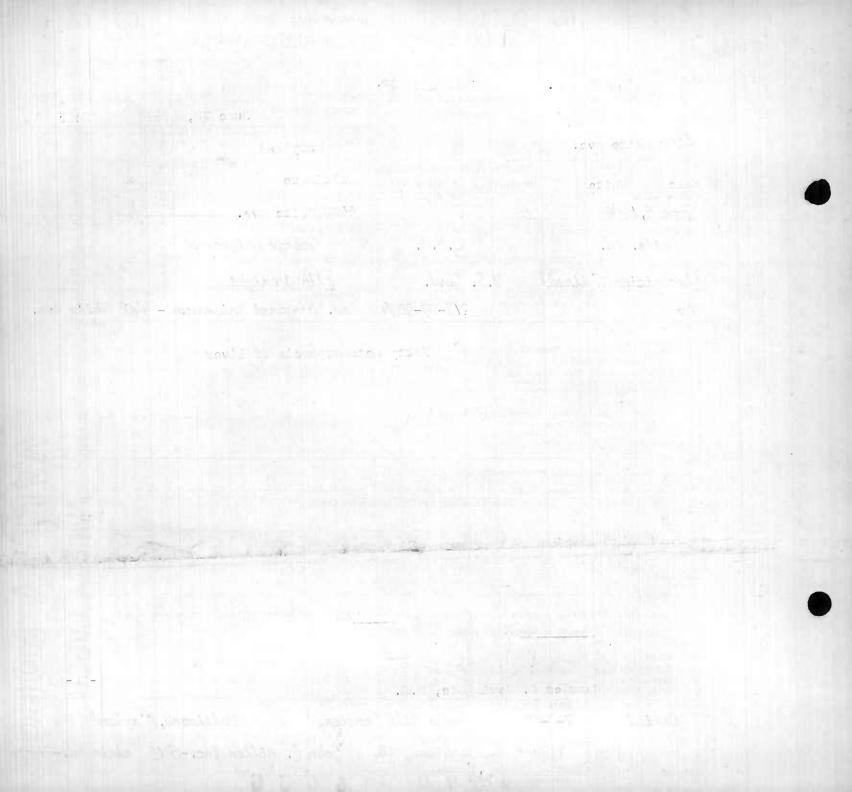


VS 150-REV. 1/1/68

	68	9 664	/11 /	HEALTH DEPAR		V	CO C	040
BIRTH NO.		30	40 CERTIFICA	TE OF DE	ATH	REG. NO.	_ b3 b1	043
I. NAME OF DEC	EASED					ND HOUR OF DEAT	TH.	
(Type or Print)	mildred	ev	Morgan					n.
	TIMORE MARYLAND,	WHERE PRONO	UNCED DEAD			5 A M ere deceased lived, I	institution: residence	A before odmission
FULL NAME OF HOSPITAL OR INSTITUTION			TUTION, GIVE STREET	C. CITY OR TOWN	4d	Frederic	NSIDE CITY LIMITS?	60-11
- 19	Universit	yofv	uary land	Frede		4	YES T	№ П
3 /	lospit		V	E. STREET AND	NUMBER		,,,,	140
-0	(10>/1)	9/		1301	10.	Market.	5%	
S. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH		9. AGE (in years last birthday)	tf Under 1 Yr. Months Doys	If Under 24 Hrs.
/		WIDOWED		11/15/1	6	C 0	Wilding Doys	riours Iviin.
OA, USUAL OCCU	PATION (Give kind of wor vorking life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or fore	eign country)	12. CITIZEN O	F WHAT COUNTRY
404500		İ		Mary	land		45	•
3. FATHER'S NAA	AE .	1		14. MOTHER'S M				- /
Charle	s W. 60	学学科学学	Wills	Edita				
	7.77	NACHARICA SE			- 4	1 111		
(es, no or unknown)	Ever in U. S. Armed Fo Of yes, give wor or do	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	John	W. Morgan	TROT NADR	St. St.
no			214-10-3126	The	PT.	1 60- 6	us bander	rederrick-M
18.	V .		CAUSE OF DEAT			, ,		OXIMATE INTERVAL
DISEASES OF THE UNDERLYING	NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last,	any, giving slaling the	(c)	A CONSEQUENCE	OF:			
TO THE DEATH	I BUT NOT RELATED TO T INDITION GIVEN IN PAR	HE TERMINAL	n04	<u>e</u> _		-	***************************************	
OTHER SIGNIFICATION THE DEATH DISEASE OR CO.	OPERATION 198 CON	DITION FOR V	01111	20A. AUTOPSY?		IN CERTIFYING C	FINDINGS CONS	IDERED
21A. ACCIDEN	WAS UNDERLYING	218.	PEACE OF INJURY (e.g., in	or about 21C. WHE	PE DID		ore City, give exoct	
DEATH (notity i	redical exomined	hom etc.)	e, torm, toctory, sireet, or	ice bldg., INJURY C	CCUR?	hr itt bounn	ore City, give exoct	locotion;
	(Month) (Doy) (Year)	(Houd) 21 E.	INJURY OCCURRED	21F. HOW	LNI DID I	URY OCCUR?		
(APPROX.)			le At  Not While					
22. 1 caretty a	has (I) (shta haantan)	Worl						
the division of	hat (I) (this hospital	) attended th	6/26	6/18		9 68 to	6/2	
	ast saw the decease			19 6 9		ot in (my) (our) or	inian death occu	erred on the date
and hour and	from the causes stat	ed abave. (I)	(We) (did) (did not) vi	ew the bady afte	r death.			
28A, SIGNATUR	(1)	0	1100				23B, DATE SIGN	ED
1////eds	wal State - 1	laciant		ding Med.	П	Staff Phys.	6/26	110
23 G. PHYSICIAN NAME (Typ	's January	an State	VEGREE	3D. ADDRESS	TOP L	Phys.		/ * /
NAME (Typ	nel (	0	-					
A. BIIRIAL COST	ATION INC. TOTAL		DEGREE					
REMOVAL (Sp	ecify)		ME of CEMETERY OF CRE		24D. LC	CATION (C	city, town, or county	(Stole)
Burial	6-30-19	69 Mt.	Olivet Cemete	ry	Fr	ederick, M	aryland 21	701
A. DATE REC'D	Y HEALTH DEPT.	258 NAME O	F REGISTRAR	25C. FUNERAL				
	111 1 1069	38	Jaber M.D.	M.R.Epcl	nison	Elwood T	Frederick	Md 21701

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	REG. NO.
I. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
	OF COLUMN TO
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD TO 1000
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 28, 1969 8:05 A <sub>M.</sub> 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
4408 White Ave.	A. STATE Maryland B. COUNTY 2 6 2 1
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED □ DIVORCED □	Baltimore VES NO NO
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hi	
June 6, 1909 lost birthdoy) 60 Months Doys Hours Mi	
11. BIRTHPLACE (State or foreign country)  Balto. Md.  12. CITIZEN OF WHALCONTRY?	13. FATHER'S NAME George Brigerman
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUS	TRY 15. MOTHER'S MAIDEN NAME
done during most of working life even if retired)  [lectrician (R tired) U.S. Govt.	Ella Upuright
IA WAS DECEASED EVER IN II S ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	14 Mrs. Magaret Brigerman - 4408 White Ave.
19. CAUSE OF D	EATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISTANCE OF CONTINUE DISTANCE	
	metamorphosis of liver
(This does not mean the made of dying, e.g., DUE TO, C	E CAUSE  OR AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, Injury or complication which coused deoth.)	
	and the same of th
ANTECEDENT CAUSES (8)	DR AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, C	DR AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	
9	
C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED [21. AUTOPSY? (Yes or No)
	Yes
4 224 EXTERNIAL CALISE WAS 228 PLACE OF INITIPY	
	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)  INJURY OCCUR?
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRE	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)  INJURY OCCUR?
UNDERLYING OR CONTRIBUTION   home, form, foctory, street, or UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour)   22E.INJURY OCCURRE OF INJURY   WHILE AT N	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)  INJURY OCCUR?  22F. HOW DID INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APROON)  WHILE AT N	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)  INJURY OCCUR?  22F. HOW DID INJURY OCCUR?
UNDERLYING OR CONTRIBUTION   home, form, foctory, street, or UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour)   22E.INJURY OCCURRE (APPROX.)   m. WORK   MORK   MORK	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)  INJURY OCCUR?  22F. HOWDID INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)  I certify that I held on Inquiry Inspection	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)  INJURY OCCUR?  22F. HOWDID INJURY OCCUR?  OT WHILE T WORK  ond that an this basis, death in my opinion
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRE OF INJURY (APPROX.)  I certify that I held on Inquiry Inspection	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)  INJURY OCCUR?  22F. HOWDID INJURY OCCUR?  OT WHILE T WORK  Autopsy ond that an this basis, death in my opinion  cide Homicide Undetermined manner
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRE OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection resulted from: Natural couses Accident Sui	g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location)  D 22F. HOW DID INJURY OCCUR?  OT WHILE TWORK  Autopsy Autopsy Ond that an this basis, death in my opinion  CHIEF MEDICAL EXAMINER DATE SIGNED
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Monih) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection resulted from: Natural causes  ACTUAL SIGNATURE	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)  D 22F. HOW DID INJURY OCCUR?  OT WHILE T WORK  Autopsy ond that an this basis, death in my opinion cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection resulted from: Natural couses Accident Sui	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)  D 22F. HOW DID INJURY OCCUR?  OT WHILE TWORK  Autopsy Autopsy Ond that an this basis, death in my opinion  CHIEF MEDICAL EXAMINER DATE SIGNED
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRE OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection resulted from: Natural couses Accident Sui  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	g, in or obout 22C. WHERE DID (If in Boltimore City, give exoct location)  D 22F. HOW DID INJURY OCCUR?  OT WHILE TWORK  Autopsy  ond that an this basis, death in my opinion  Cide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  RY or CREMATORY  24D. LOCATION (City, town, or county) (State)
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRE OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection resulted from: Natural couses Accident Sui  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Autopsy Ond that an this basis, death in my opinion  CHIEF MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  GIT WHILE  1 WORK  AUTOPSY  AUTO
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRE OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection resulted from: Natural couses Accident Sui  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	g, in or obout 22C. WHERE DID (If in Boltimore City, give exoct location)  D 22F. HOW DID INJURY OCCUR?  OT WHILE TWORK  Autopsy  ond that an this basis, death in my opinion  Cide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  RY or CREMATORY  24D. LOCATION (City, town, or county) (State)



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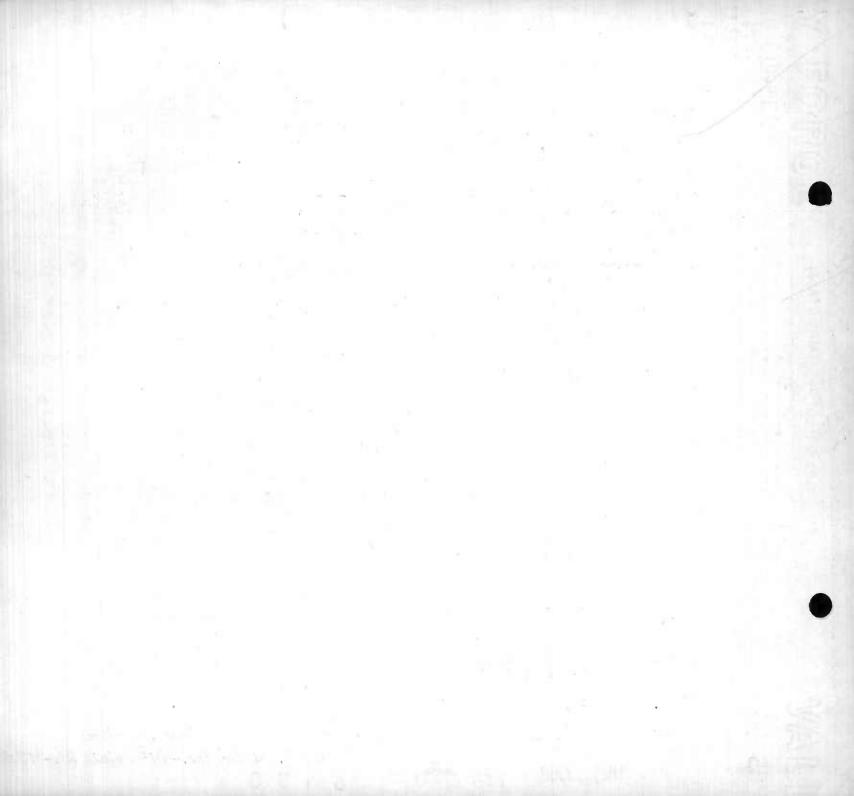
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Jught Derme de

		DALTIMORE CITY HE		SE DEAT	(	39	6646
BIRTH NO.	MEDICA	L EXAMINER'S	LERTIFICATE C	OF DEAT	H REG. NO.		00 :10
1. NAME OF DECEASED (Type or Print)	MARY E. DE	ETZ	2. DATE Knawn Cope DEATH Estimoted		26, 1969	Yeor	Hour M.
4. PLACE IN BALTIMORE,	· · · · · · · · · · · · · · · · · · ·		3. DATE PRONOUNCED DEAD	Month	Doy	Year	Hour
	NOT IN HOSPITAL OR IN: PRESS OR LOCATION)	STITUTION, GIVE STREET		June			12:55 PM.
	n Memorial H	ospital (DOA)	5. USUAL RESIDENCE (V A. STATE Maryland		B, COUNTY	esidence be	38
6. SEX 7. RACE Female V	71. * 4	RIED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY		
0.000	WIDO	WED DIVORCED If Under 1 Yr, If Under 24 Hrs.	Baltimon  E. STREET AND NUMBE		YES	LX N	40 L
April 21, 1908	last birthday)	Months, Days, Haurs, Min.		ridene D	rive		
11. BIRTHPLACE (State or for	eign cauntry)	12. CITIZEN OF	13. FATHER'S NAME				
Baltimore		WHAT SOUNTRY?	John A. B				
done during mast of walking life	even ifretired)	D OF BUSINESS OR INDUSTR	(ona Barbe	r			
16. WAS DECEASED EVER (Yes, ng or unknown) (If yes, give			18. INFORMANT Ms. June S	nyder -	1239 Meri	dene	Drive
19.		CAUSE OF DEA				APP	ROXIMATE INTERVAL
DISEASE OR COL	NDITION DIRECTLY	Hypertens	ive and arteri	osclero	tic		
LEADING	TO DEATH	(A)IMMEDIATE	cardi	ovascula	ar disease	e	
heart failure, osthenia,	he mode of dying, e.g., etc. It means the disease,	DUE TO, OR	AS A CONSEQUENCE OF:				
injury ar complication v	vnich coused death.)						
ANTECEDE		(B)	AS A CONSEQUENCE OF:				
RISE TO THE ABOVE	TTIONS, IF ANY, GIVING THE	E	AS A CONSEQUENCE OF.				
Z UNDERLYING CONE	OHION EASI.	(c)					
OTHER SIGNIFICANT	II CONDITIONS CONTRIBL	JTING					
DISEASE OR CONDITION	OT RELATED TO THE TERMON GIVEN IN PART 1 (A						
OTHER SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION 2004. DATE OF OPERATION 2004.	ON 20B. CONDITION	FOR WHICH OPERATION W	AS PERFORMED		2	I. AUTOP	SY? (Yes or Na)
1/2							No
UNDERLYING OR CO	ONTRIB-	22B. PLACE OF INJURY (e.g., home, farm, factory, street, office	in or obaut 22C. WHERE De bldg., etc.)	ID (If in Boltime	ore City, give exact	ocation)	
22D. TIME (Month) OF INJURY	(Doy) (Year) (Ho			INJURY OCC	:UR?		
(APPROX.)			VORK			39 , 3	
23.	hald an Innulau	Inspection X Au	topsy ond that	Abia baata	, deoth in my or		
						Inion	
resulted from:	Notural couses X	Accident L Suicio		AL EXAMINER	ined monner		
ACTUAL	L. X.	d'IT	ASSISTANT MEDIC		X		DATE SIGNED
SIGNATURE	Olandar C	M.C	ASSOCIATE MEDIC		n	0.6	1060
NAME (Type)		Springate, M.D.			Jur	le 26,	, 1969
24A. BURIAL CREMATION, REMOVAL (Specify)  Burial	6-30-69	Parkwood Ce		Balti	more, Mary	land	(State)
25A. DATE REC'D BY HEALT		NAME OF REGISTRAR	25C FUNERAL DIR	FCJOR 1	nach 15APR	PRESS .	Rd2/20
tut,	1 1969 3	bert E. Farber, M.	Join C.	richer I	ט כוזטיטו		, 104-2120
VS 151-REV. 1/1/68	:	6900	0663	7			·

Halanda III sancani ili 00 E 3 3 3 12 V 1 4 E

-47-47	7 1/3 0 00	Y HEALTH DEPARTMENT  REG. NO.	69 6647
and ath sed the uch	BIRTH NO. 69 6647 CERTIFICA	ATE OF DEATH	
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	con for
- D 0 E .	YEWELL, MARY C.	6/26/69	142 AM.
Spit of Ce	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY	stitution: residence before admission)
hospi ise o (5) D ance deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland	2633
- 5 7	INSTITUTION		DE CITY LIMITS?
	4940 EASTERN AVE. 21224	Baltimore	YES X NO
ting d cau d cau prior e.	PIBALTIMORE CITY HOSPITALS	E. STREET AND NUMBER	007
de de de	S. SEX   6. RACE   7. MARRIED   NIEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years	OO7  If Under 1 Yr. , If Under 24 Hrs.
ed ed	MAKKED   IVEVEK MAKKED	last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
eg sis	Female White WIDOWED X DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	1-10-06 63	12. CITIZEN OF WHAT COUNTRY?
n n n	dane during mast of working life, even if retired)  Home Maker		A STATE OF THE RESIDENCE OF THE PARTY OF THE
as l e de sitio		Maryland	USA
pos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
.5	James Yeweil Ward	Johanna Ryan	
P	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
nal	No -	BCH Records: 4940 Eastern	Ave. 21224
1	18. 2 / CAUSE OF DEA		APPROXIMATE INTERVAL
nounce attend	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
nour atte		USE CARRIO-RESPONDENCY ARE	REST LOMIN
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	USE CARDIO-RESPIRATORY ARI	3371
ctur pro lar	injury or complication which coused death.)		
fra oge	ANTECEDENT CAUSES	IFA UNKNOWN CAUSE	2 DAYS
A to a	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	S A CONSEQUENCE OF:	
2 5 5	rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	MA - ? MYXEDEMA	BDAYS
a in	19/10000000		
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	11,120,11	0
re	TO THE DEATH BUT NOT RELATED TO THE TERMINAL   DISEASE OR CONDITION GIVEN IN PART 1 (A).	HYPONATREMIC CONVY	LSION 8DAYS
ician the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE F	INDINGS CONSIDERED
0		NO	
for	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., hame, farm, foctory, street,	in or about 21 C. WHERE DID (If in Baltimore affice bldg., INJURY OCCUR?	City, give exoct location)
pe	DEATH (natify medical examiner)		
ed be	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
	While At Work Nork	ile	
ota	22. I certify that (1) (this haspital) ottended the deceosed from		5/26 1969,
0			
be	that (1) (we) last sow the deceased alive on		nian deoth occurred on the date
st b	and hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter death.	Joon Dave Cloure
E	23A. SIGNATURE	hending Med. Shaff	23 B. DATE SIGNED
-		ys. Director Phys.	6/26/69
>	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS BALTIMORE CITY HOSP	TTALS
pre	V. Valdmanis MD	1,91,0 Fastern Are.	21221
Pop	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C		y, tawn, ar caunty) (State)
-	Burial 6-30-69 Maraland Man	orial Park Baltimore	Maruland
writter	Durial 6-30-69 Moreland Mem 25A, DATE REC'D BY HEALTH DEPT. [25B. NAME OF REGISTRAR		
-			IP D / NUUNGES ALAA
₹ D \$		25C. John Cire Miller Inc64	15 Belair Rd21206
show was dece	VS 150-REV. 1/1/68 VS 150-REV. 1/1/68	ohn C. Miller Inc64	15 Belair Rd21200



4	69 6648 BALTIMORE CITY HEALTH DEPARTMENT	X 69 6648
	BIRTH NO. CERTIFICATE OF DEATH	REG. NO.
	1. NAME OF DECEASED (Type or Print) CTE QUE . LATE AN	O HOUR OF DEATH
3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where	28/69   6 . 05 PA
- []	A. STATE B. COUN	TY nestitution residence before admission
- 11 F	HOSPITAL OR ADDRESS OR LOCATION)  INSTITUTION  INSTITUTION  IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  C. CITYOR TOWNS TO WARD AND ADDRESS OR LOCATION)	Boward ID. INSIDE CITY LIMITS?
	MARYLAND GENERAL HOSPITAL GULLINGER	
7K	Maryland General Hospital	
5.		) Bux 120
	MARKIED I NEVER MARRIED I 100 DATE OF BIKIN	9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
10	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Sets on face)	gn country) 12. CITIZEN OF WHAT COUNTRY
1100	Cone duping most of working the, even it retired)	Co Md. Ust
13	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM	
	Andrew T West James	Drosd proci
15 (Y	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, ho or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Antonetta	ADDRESS
	No 213-07-9950 WE	- leve Shave
	18. GAUSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	II I I I I I I I I I I I I I I I I I I	AL INFARCTION
	heart loiture, osthenio, etc. It means the disease, injury or camplication which coused death.)	
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	***************************************
	UNDERLYING CONDITION last. (c).	
	z II	
100	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO THE DEATH BUT NOT RELATED TO THE TERMINAL C DISEASE OR CONDITION GIVEN IN PART 1 (A).	
110	U 19A DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION	208, IP YES, WERE FINDINGS CONSIDERED
ERT	WAS PERFORMED TO WHICH OPERATION 2012, AUTOPSY? (THE OF NO)  WAS PERFORMED TO WHICH OPERATION  2114, ACCIDENT WAS UNDERLYING TO 228 PLACE OF INJURY OF THE PROPERTY OF THE PRO	IN CERTIFYING CAUSES OF DEATH?
11	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	(If In Boltimore City, give exact location)
	0.000	
M.	While At Not While	RY OCCUR?
	22. I certify that \$\mathcal{P}\$ (this haspital) attended the deceased from \( \begin{align*} \lambda \geta \\ \delta \end{align*} \]	6/28/29
	6/10/10	t in (our) opinion death occurred on the date
	ond hour and from the couses stoted obove. (F) (We) (did) (did not) view the body ofter deoth.	(only oblinion depth occurred on the dots
	23A. SIGNATURE	238 DATE SIGNED
	Director P	hoff 6/28/69
	23C. PHYSICIAN'S NAME (Type)  PAUCE  23D. ADDRESS  OAA ALLA ()	
24	124A. RIIRIAI CREMATION 248 DATE	ENERAL HOSP, TAL.
11	REMOVAL (Specily)	
11_	25A. DATE REC'D BY HIALTH DEMOCO 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR	Dorsey, Maryland
		7922 Wise Ave. Dundalk, Md.
1 1/6	VE 150 DEV 1/1/40	

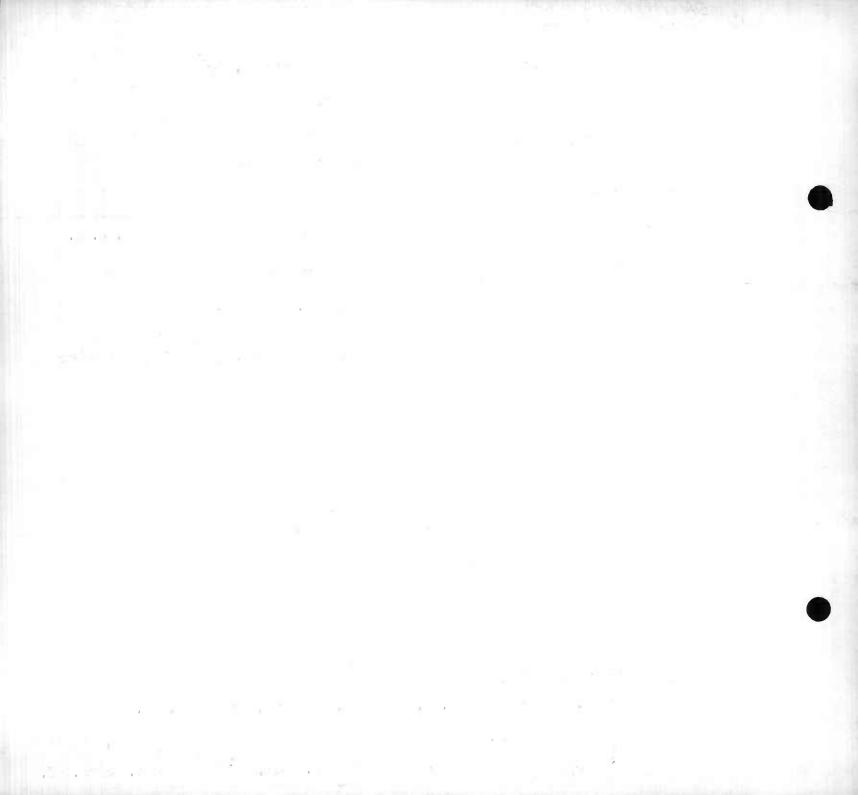


124

**DIRECTOR:** 

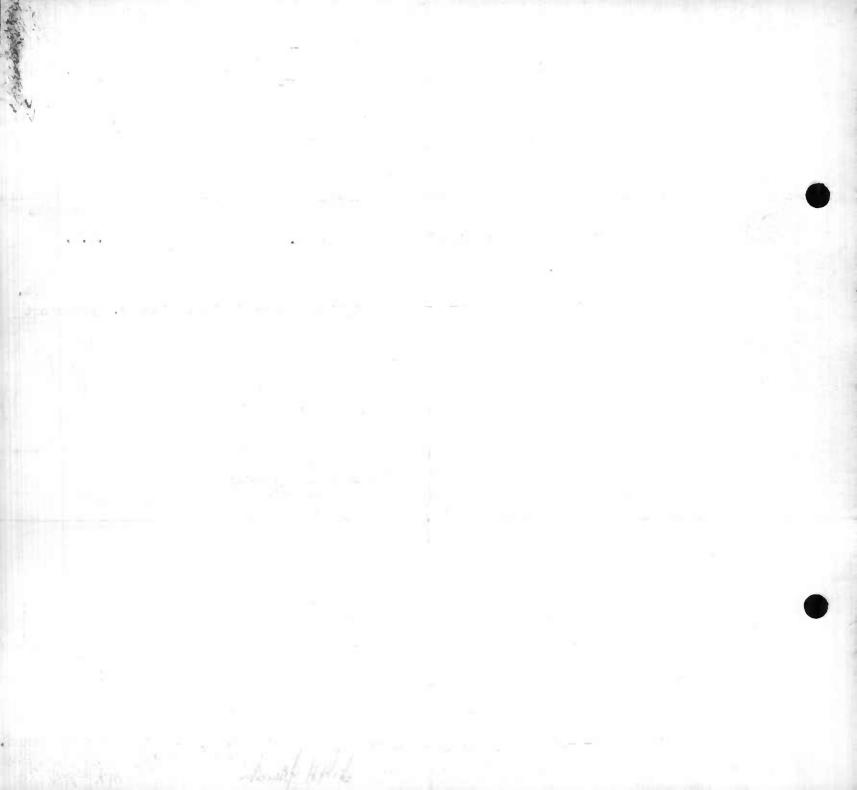
VS 150-REV. 1/1/68

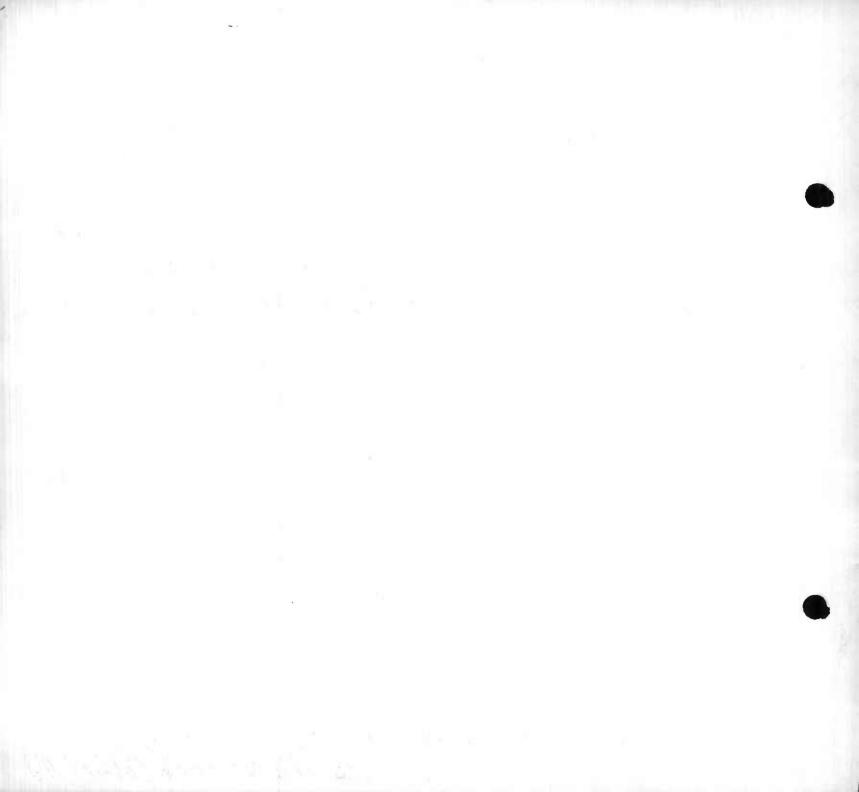
D. INSIDE CITY LIMITS? YES X NO Il Under 1 Ye. If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISTANCE Vadan (Il in Baltimore City, give exact location) 23 B. DATE SIGNED 6/27/69 (City, tawn, or county) (Stote) Baltimore, Maryland



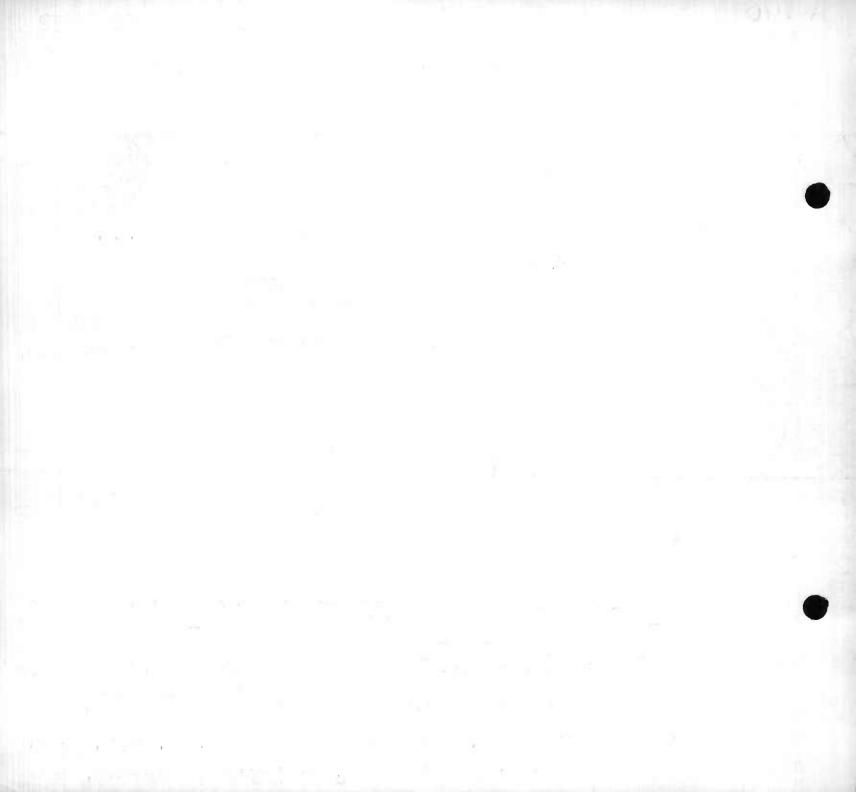
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

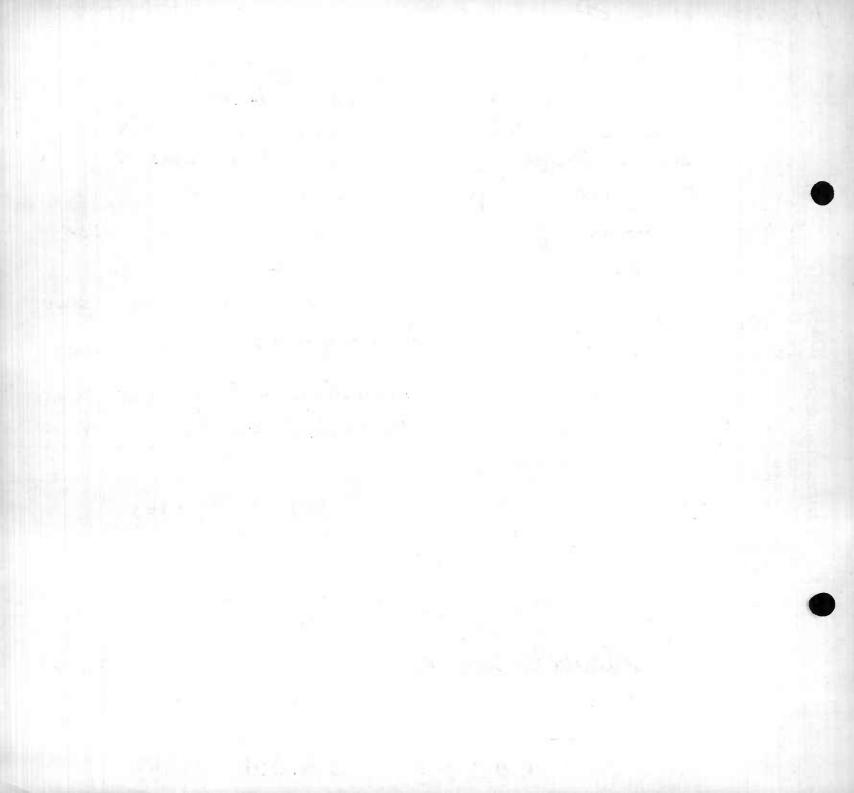


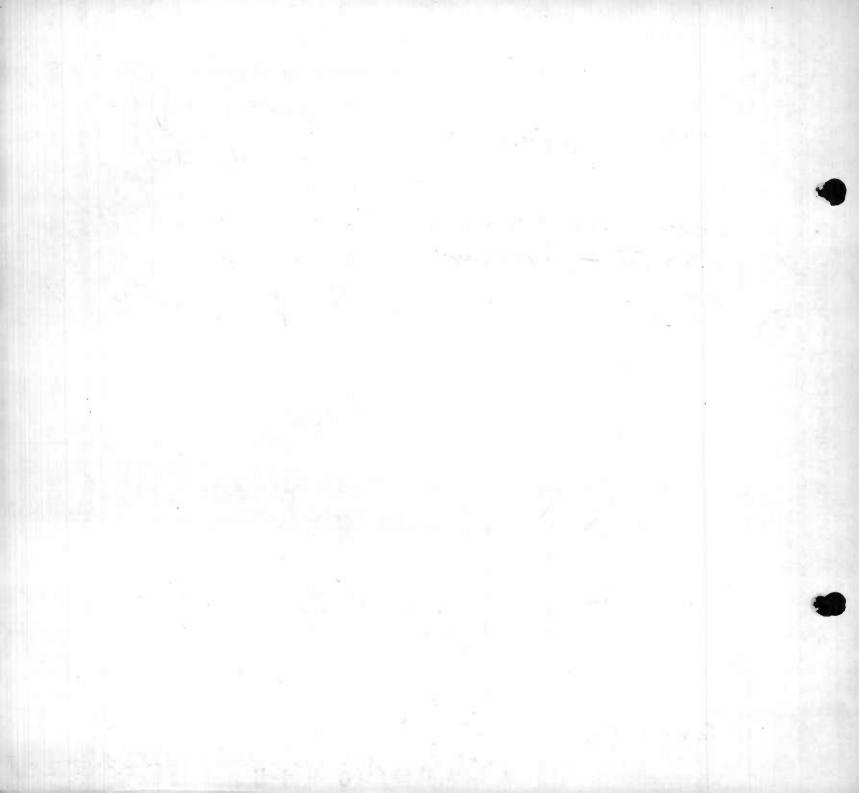


			69	6652 BALTIMOR				10	69 6652
BIRTH	NO. AL	d.		CERTIF	ICATE	OF DEAT	H REG. 1	VO	00 0004
(Type o	e Printl		rite ,	A. Abell	114		TE AND HOUR OF		3:50 A
	NAME OF			ISTITUTION, GIVE STRE	ET T	STATE B.  MARYLAND  CITY OF TOWN	BALT	IMORE (	21221
2	3 THE	JOHNS	HOPKINS	HOSPITAL	E.	STREET AND NUM	- 1	YES	
5. SEX		S. RACE		RIED NEVER MARRIE		1104 TACE		ve   16 11	Inder 1 Yr. , If Under 24 h
	EMALE UAL OCCUP	WHITE	WIDOV			3-11-64	9. AGE (In you last birthdoy)		ths Doys Hours Min.
done du	ring most of wo	orking life, even if	retired)			Mary			S.A.
		JOSEPH	A. ABEL			BARBAI	NAME RA EDMINA	TON	
(Yes, no	or unknown) ((	ver In U. S. Arr Il yes, give war	nod Forces? or dotes of servi	(ce) 16. SOCIAL SECURITY NO.		nformant fother	same as		ADDRESS Ve
hec	LE is daes nat art foiture, as	slhenio, elc. II	EATH  Inde of dying,  Indexes the dise	P.C. DUE TO	urobl	ustoma, n	netastatic,	diffus	APPROXIMATE INTERVA BETWEEN ONSET AND DE
DIS	AN SEASES OR	lication which of NTECEDENT CA CONDITIONS above cause CONDITION to	AUSES 5, if any, giv 6 (A) slating	(B)	OR AS A C	ONSEQUENCE OF:	*************************		
A DIS	THE DEATH I	BUT NOT RELATE NDITION GIVEN	NS CONTRIBUTION OF THE TERMIN IN PART 1 (A).	IAL	1	OA- AUTOPSY? (Yes	or Nell 20k Is ver	West shiphi	
04		WAS UNDERLY		218 PLACE OF INJURY		YES	IN CERTIFYIN		GS CONSIDERED PF DEATH?  Blue exoct locotion
O 21 D	TIME (A	Month) (Doy)		etc.) 21E INJURY OCCURRI			D INJURY OCCUR?		
(API	PROX.)			While At Nork	Work	4	D INJURY OCCUR		
that	(we) la	st saw the de	ceased alive o	od the deceased from	- 27	19.69 a			eath accurred on the d
	haur and fr	ram the cause	s stated above	• (Me) (q1q) (q1q	not) view	the bady after de	ath.	23 B, D	ATE SIGNED
23A	SIGNATURE	me	John	on MD	Attending	Med.	Staff D	10	ומו דים וחו
23A.	PHYSICIAN'S NAME (Type	ince	Soffrid Tott	rion MD	-	Med. Director [ADDRESS JUH1	Sheff Phys. St.	INS H	105P, 105P,
23A. 23C. 24A. BU	PHYSICIAN'S NAME (Type RIAL CREMA MOVAL (Spec	AN CATION, 24B, DA	29/1969	St. Johns C	23D.	ADDRESS JUHN Ball ORY 20		(City, town	cone 27, 196 1050, 21212 cor county) (Stole) cry's, Mabylane

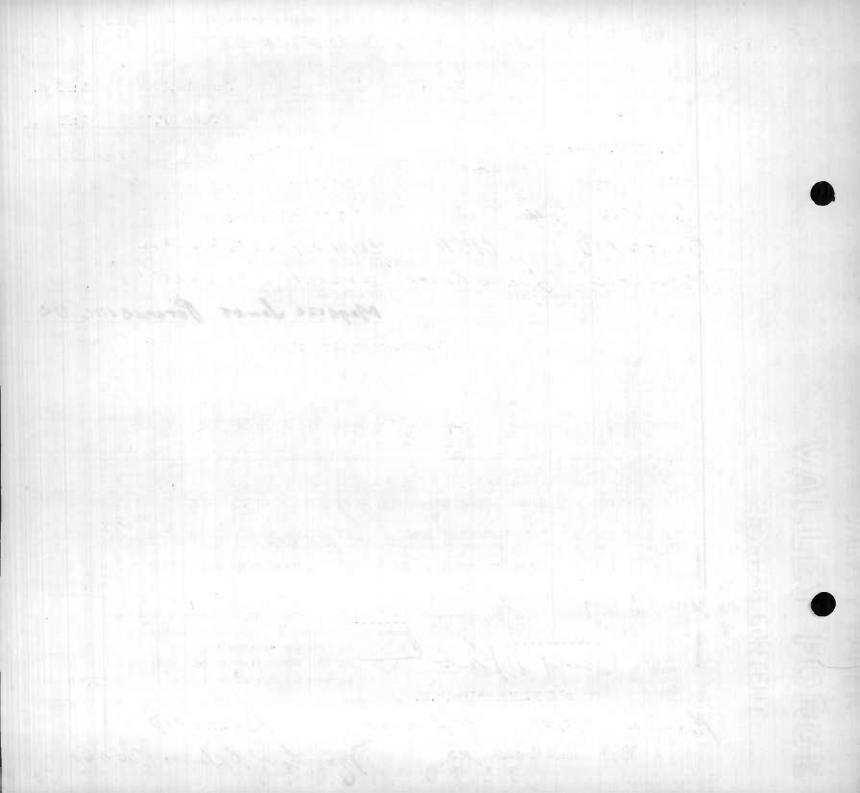


1. NA	H NO. AME OF DECEASED		TE OF DEATH	AND HOUR OF DEATH	240
Туре	e or Print) MAURICE A. D.	7115	·	7-1-69	8 A
3. PL	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (\ A. STATE B. CO	Where deceased lived. If in DUNTY	stitution: residence before admission
FULI	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	MD.	BALTO	2301
NST	TITUTION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
2	South Balte. Hen.	No. of the last	BACTO E. STREET AND NUMBE	D	YES 🕅 NO 🗌
2	2001 S. HANOVED		146 M		E 57.
. SE	EX 6. RACE 7. MARRIED N	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months! Doys Hours Min.
1	M NEGRO WIDOWED W	DIVORCED [	MKNOWN	lost birthdoyl	Monins Doys Hours Willi.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTE
ione	UNKNONN		WASH.	D.C.	USA
3. F.	ATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	UNRWN		UNK	WN	
5. W	Vos Deceosed Ever in U. S. Armed Forces? 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
103,	in yes, give wor or doles or service,	SECORITI NO.	FRIEND -	DOROTHY BRO	OKC SAME
V 1	18.	CAUSE OF DEATH	•	21	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	Courte	Respirator	4. 7. 1.	BETWEEN ONSET AND DEAT
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE	p raving	MINS
	(This daes not meon the made of dying, e.g., healt foilule, osthenio, etc. It meons the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
	injuly at camplication which caused death.)	Chan	in Motruetu	a Oillean De	and VEAR
	ANTECEDENT CAUSES	(B) CALLE TO	A CONSEQUENCE OF	e anuay De	12ase 16 A16)
	DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the	1014	led Pulmin	MAR. T.R	VI=ADS
	UNDERLYING CONDITION last.	(c) / CCA	un O Marion	10007 110.	70716
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			J	
1	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).				
5	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes o	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CERTIFIC	2		YES	Y	ES OF DEATH?
_ (	OR CONTRIBUTING CAUSE OF home, for	CE OF INJURY (e.g., in	n or obout 21C. WHERE DII fice bldg., INJURY OCCUR	(If in Boltimor	e City, give exact location)
$\overline{\circ}$	DEATH (notify medical examiner)			45.5	
	OF INJURY	URY OCCURRED		INJURY OCCUR?	
<	(APPROX.) While A	Not While			
2	22. I certify that (I) (this haspital) attended the d		6-23	19 69 ta	7-1 19-69
1	that (I) (we) last saw the deceased alive an	7-1	19 69 and	that in(my) (qur) api	nian death accurred an the da
	and haur and fram the causes stated abave. (1) (W	e) (did) (did nat) v	iew the bady after dea	th.	
-	23A. SIGNATURE				23 B. DATE SIGNED
	mused M. Wood	M DEGREE Phys	nding Med. Director	Staff Phys.	7-1-69
2	23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS		
	Donald M. Wood	DECORE	South Balt	imore Gener	al
24A.		of CEMETERY OF CRE			ty, town, or county) (State)
		t Auburn	F	Baltimore Ci	tv
	. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI		25C. FUNERAL DIREC	Brown and S itgomery Str	ADDRESS
		ALL	A LSalan i.	prown and S	On
	JUL 2 1969 Robert E. Jaba.	AND U	MON.W. BOIL	itgomery Str	eet





(	NAME OF DECEASED  Vype or Print)  LETITIA  STANLEY  2. DATE Known  Month Doy OF DEATH Estimoted  June 27, 1969	Yeor Hour 2:55 A.M.
F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION)  3. DATE Month Doy PRONOUNCED DEAD  June 27, 19	
48	MD. GENERAL HOSPITAL  S. USUAL RESIDENCE (Where deceosed lived. If institution: r B. COUNTY Maryland	1703
	SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY	
119	Female   Negro   WIDOWED   DIVORCED   Baltimore   YES	M NO ∐
	12/20/1944 ost birthdoy Months, Doys, Hours, Min. 801 Edmonds on Avenue	
1	I. BIRTHPLACE (State or foreign country)   12. CITIZEN OF   13. FATHER'S NAME	
	(SALTOM) WHATCHOTIEVY WILLIAM H. MCNEALL	-
1	ALUSUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME  The during most of working life, even if retired)  The during most of working life, even if retired)	
197	Tolog !!	RESS
	(es, no or unknown) (If yes, give wor or dotes of service)   SECURITY NO.	sbong Va
	19. CAUSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY Intravenous narcotism	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR AS A CONSEQUENCE OF:	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
	(c)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).	
		yes
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bldg., etc.)  22C. WHERE DID (If in Boltimore City, give exact home, form, foctory, street, office bldg., etc.)	locotion)
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  MHILE AT WORK  OT WHILE AT WORK  MOT WHILE AT WORK	
	23.  I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my a	·intan
F	resulted fram: Natural causes 🖾 Accident 🗌 Suicide 🔲 Hamicide 🔲 Undetermined manner	oinian
	CHIEF MEDICAL EXAMINER	
	SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
		610-160
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER	6/27/69
	NAME (Type) Ronald N. Kornhlum M.D.  248. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Iown,	

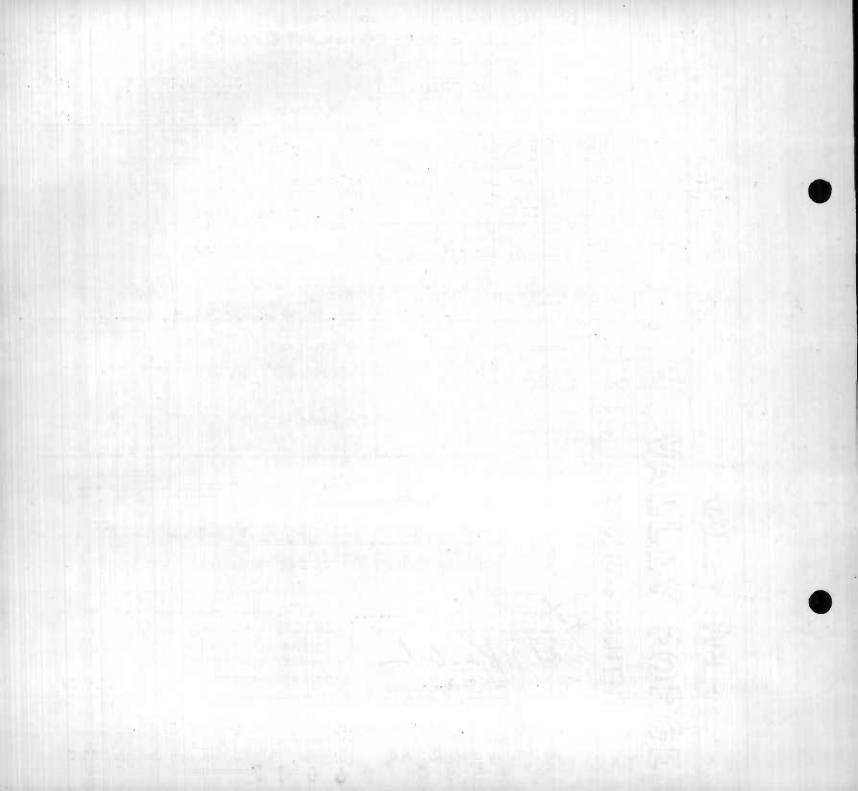


S-Say BIRTH N

## 69 6656 BALTIMORE CITY HEALTH DEPARTMENT

69 6656

			WEL	ICAL	LX	AMINER 2	EKIII	CATE	IF DEA	REG. NO			
	TH NO.												
Tyr	NAME OF DEC						2. DATE OF	Known 🔲	Month	Doy	Yeor	Hour	7
	· · · · · · · · · · · · · · · · · · ·	JAMES				NGLETARY	DEATH	Estimoted		29,1969		4:18	P <sub>M</sub> .
	PLACE IN BAL						3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour	
HO	L NAME OF	ADDRE	SS OR LOCA	TION)	10110	N, GIVE STREET				re 29,1969		4:18	P <sub>M</sub>
OR	INSTITUTIO N						5. USUAL A. STATE	RESIDENCE (WI	nere deceosed	lived. If institution: re B. COUNTY	sidence be	efore odmissio	on)
6	170	00 Bloc	k Aike	n Str	eet		A. SIAIL	Marylan	.d	B. COOM	15	103	
6.	EX	7. RACE		B. MARRIE	ED 🗵	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CITY	LIMITS?		
M	ale	White		WIDOW	-	_	Balt	imore		YES	K N	10 🗆	
9. [	ATE OF BIRT	H	10. AGE (II		If Und	er 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER		1251			
11	/19/32		10. AGE (la lost birthdo	36 1	Month:	Doys Hours Min.	26	S. Vince	ht Stro	of			
	BIRTHPLACE (S	tate or foreig			2 Cl	TIZEN OF	13. FATHE		TIC DELE		-		
	South (				.W	HAT COUNTRY?			C				
144				148 VINID		S.A. JSINESS OR INDUSTRY	115 MOTH	Claude	Singlet	ary			
don	during most of w	vorking life, ev	en ifretired)	140. KIND	OF BU	JSHVESS OK HVDOSIKI	is. Moin	ER 3 MAIDEN	MAINL				
_	Rigger				ehe	m Steel		lith Baxl	ey	4.00	255		
16. (Ye:	WAS DECEAS , no or unknown)	ED EVER IN (If yes, give v	U.S. ARMEI vor or dotes	of service)	?	7. SOCIAL SECURITY NO.	18. INFOR	MANI		ADDI	(E22		
u	nknown					217-26-9496	Mrs	James W	Sing	etary 206		incent	St
	19.	1.9 14	-250	5.9		CAUSE OF DEA	TH					ROXIMATE INTE	
	DISEAS	E OR COND	ITION DIRE	CTLY		Intrave	enous r	narcotism	1				
		LEADING TO				(A)IMMEDIATE C	AUSE						
	(This does n	ot meon the	mode of dy	ing, e.g.,		DUE TO, OR		QUENCE OF:	A wash the sector 20000				
	injury or con	nplication which	h coused de	oth.)									
		ITE CER EN IT	CALICEC										
		NTECEDENT OR CONDITION	_	r. GIVING		(B) DUE TO, OR	AS A CONS	EQUENCE OF:					
	RISE TO THE	ABOVE CAL	USE (A) STA	TING THE									
Z	UNDERLIN	AG COMDIII	ON LAST.			(C)							
CERTIFICATION			II										
O		IFICANT CON				Diabete	s Mell	itus					
TE		CONDITION								To		- C. (V	NI - A
K	20A. DATE OF	PERATION	1 208. COI	NDITION F	ORW	HICH OPERATION W	AS PERFOR	WED		2	I. AUTOP	PSY? (Yes or	Noj
7	0/											es	
S	22A. EXTER UNDERLYING	NAL CAUSE		2	228. PL	ACE OF INJURY (e.g., form, foctory, street, offic	in or obout	22C. WHERE D	ID (If in Boltim	ore City, give exoct I	ocotion)		
MEDIC	UTING CA					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Σ	22D. TIME	(Month) (D	oy) (Yeo	r) (Hour)	) 221	E.INJURY OCCURRED		22F. HOW DID	INJURY OC	CUR?			
	OF INJURY (APPROX.)				m. W		WHILE ORK						
	23.												
	l cert	ify that I h	eld an I	nquiry [	]	Inspection Au	tapsy X	and that a	n this basis	s, death in my ap	Inian		
1	resul	ted fram: N	latural cau	ses X	Ac	cident Sujeio	de 🗌 🕒	lamicide 🗌	Undetern	nined manner			
		/-	/	0 0	1	7 , 1		CHIEF MEDICA	AL EXAMINER				
	ACTUAL		rula	1 VI	1	Ful ha	AS	SISTANT MEDIC	AL EXAMINE			DATE SIGNI	āD .
	SIGNAT			///		M.D							
	EXAMIN NAME (1	110	nald N	. Korr	nbl	um,M.D.	ASS	OCIATE MEDICA	AL EXAMINE		6/3	30/69	
	A. BURIAL CRE	MATION, 2	48. DATE	-	240	NAME of CEMETERY	ar CREMAT	ORY 2	4D. LOCATIO	N (City, town, o	r county)	(Stote	)
-	MOVAL (Speci	ity)	7/0	110		4 T.1		177	7730-44	City Ma			
	urial	DV UEAITU	1/2/	69 1250 NA	AME	t. John's Ce	metery	FUNERAL DIRE	llicott		RESS		
25	A. DATE KEC'D	OT REALIH										21220	
		JUL 2	1969	Vale	BE	Jaber M.D.	Wa	tzke, 41	OI Edmo	ondson Ave	nue	21229	
VS	151-REV. 1/1/68	В		3	100	7 11	9 0	0 4	1				

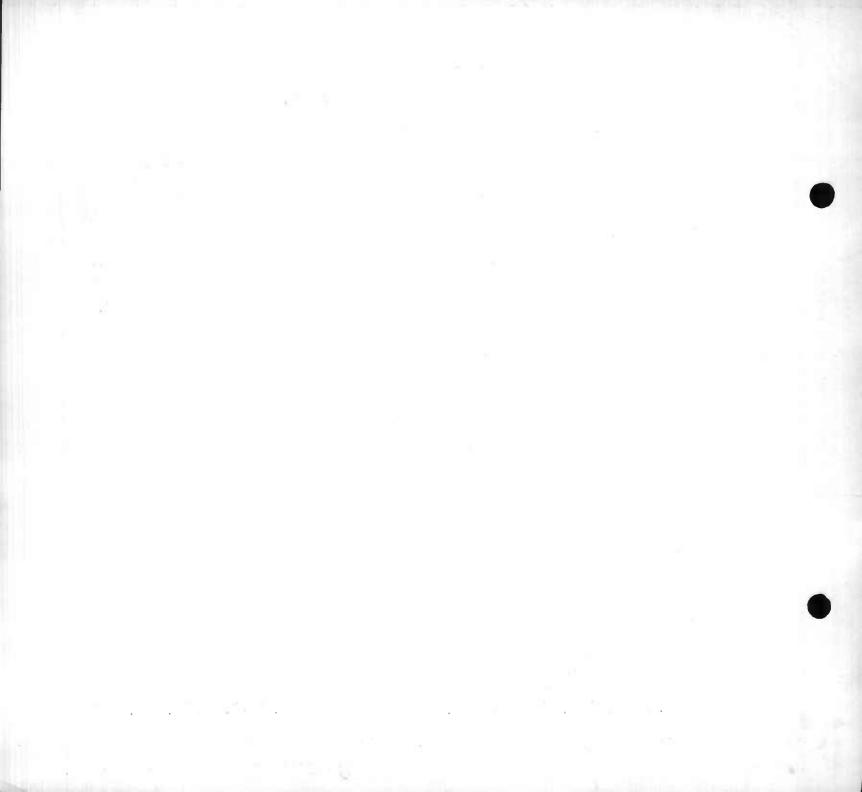


(i	4)	6	9 66	STY BALTIMORE CITY	HEALTH DEPARTMENT		69 66	257
BI	IRTH NO.	O		CERTIFICA	TE OF DEATH	REG. NO	00 00	)
1.	NAME OF DECE	ASED				AND HOUR OF DEATH	1	
L	ype or Print)	STREIMAN			JUL)			2.450
		MORE MARYLAND, W	HERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (W.	here deceased lived. II	institution; residence	before odmission
H	ULL NAME OF IOSPITAL OR ISTITUTION	ADDRESS OR LOCA	AL OR INSTITATION)	TUTION, GIVE STREET	MARYLAND c. CITY OR TOWN	D IN	SIDE CITY LIMITS?	14
	40	ST. AGNES	HOSP	ITAL	BALTIMORE  E. STREET AND NUMBER		C773	ио 🗌
5	ZEX 16	RACE	lw.		22 S. Athol A	venue		
	FEMALE	WHITE	WIDOWED		08/15/89	9. AGE (in years last highlay)	If Under 1 Ya	If Under 24 Hrs. Hours Min.
doi	ne during most of wo	erring are, even it retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of to MARYLAND	reign country)	U.S.A.	WHAT COUNTR
13.	THOMAS	TROGLER			14 MOTHER'S MAIDEN NO. EMMA TROGLE			
15. (Ye	Wes Deceased Es, no or unknown) (I	ver in U. S. Armed For if yes, give wor or dote	ces? s of servicel	16- SOCIAL SECURITY NO. 219-10-8080	ST. AGNES H	IOSPITAL	ADDRE	55
_	18. 4/ =	1 frol		CAUSE OF DEATI	1 0		APPROX	XIMATE INTERVAL
	DISEASE	OR CONDITION DIR	ECTLY		leardio respe	rator Swil		ONSET AND DEATH
		EADING TO DEATH		(A) IMMEDIATE CAU		range for		
	heart loilure, as	meon the mode of thenia, etc. It means	the disease	/. A	CONSEQUENCE OF:	70		
		icalion which caused	death.)	0 4.	1 1.0			
		ITECEDENT CAUSES		(B) Cloute	cardiac Sailu	ez e Sulmon	ary Idema	
	rise to the	CONDITIONS, if obove couse (A)	iny, giving stating the	DUE TO, OR AS	A CONSEQUENCE OF	11.01		
	UNDERLYING	CONDITION last.		(c) Unleries	clerate myse	archor deal	meralion	
ATION	ITO THE DEATH	II ANT CONDITIONS CON BUT NOT RELATED TO TH IDITION GIVEN IN PART	E TERMINIAL	c chro	no failifer.			
	19A. DATE OF O	PERATION 198. CONE WAS PERF	NTION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSID	ERED
CAL CE	21 A. A CCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING DE CAUSE OF edicol exominen	21 B. hom etc.l	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Baltimor	re City, give exact lo	cotion)
00	21 D. TIME (A	Aonthi (Doy) (Year)	(Houd 21 E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
3	(APPROX)		Whi	ile At Not While				
	22. I certify th	at (1) (this hospital)		ne deceased from JUL	V 1	1969 ta JUL	V 1	- 60
		st saw the deceased			10	hat in (my) (aur) api		19 69
					ew the bady after death.	not in(my) (dor) opt	nion death accur	red on the date
	23A. SIGNATURE	1	0				238. DATE SIGNED	
	23C. PHYSICIAM: NAME (Type	in James	Brys	DEGREE	Med. Director D	Staff Phys.	07/01/69	
	W. BRY		V		Horh Colmand	Lana Rom	Bult m	J 21219
24A	REMOVAL (Spe	TION, 24B. DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D. L	OCATION (Ci	ty, town, or county!	(Stole)
E	Burial	7/3/69	Lo	udon Park Ceme	tery Ba	ltimore, Mar		
25A	. DATE REC'D SY	6	SE NAME O	F REGISTRAR	25C. FUNERAL DIRECTO	R	ADDI	
		IUL 2 1969	Vabers	E, Jaber M.D.	Witzke, 4101	Edmondson A	ve., 21229	
15	150-REV. 1/1/68		1	0 1	0 0 1	V		



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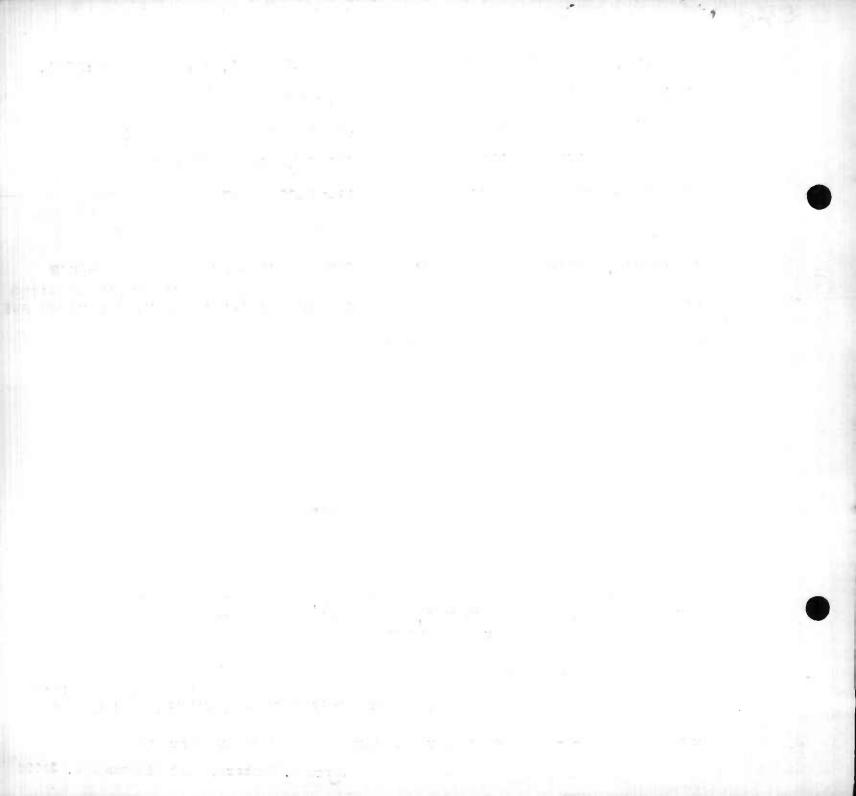
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT	
CERTIFICATE OF DEATH	REG. NO. 69

BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	9 6662
THE CONNELLY, MARGARET	ISABELLE	2. DATE A	01, 1969	1 6:20 A
3. PLACE IN BALTIMORE MARYLAND, WHE ST AGNES HOSPITAL FULL NAME OF HOSPITAL OR INSTITUTION WILKENS & CATON AV	OR INSTITUTION, GIVE STREET	A STATE RESIDENCE (Who a STATE RECOU!  MARYLAND C. CITY OR TOWN  BALTIMORE	ere deceased lived, If ins	titution: residence before admission)  E CITY LIMITS?  YES X NO
BALTIMORE MARYLAND	21229	E. STREET AND NUMBER 523 S LONG	WOOD STREET	
FEMALE   WHITE   W	MARRIED NEVER MARRIED VIDOWED DIVORCED	8. DATE OF BIRTH 11-29) -03	9. AGE (In years test birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
done during most of working life, even if retired) Housewife	B. KIND OF BUSINESS OR INDUSTRY	MARYLAND		USA
ALOYSIUS , RITCHER	DEC 'D	(DONNELLY)		DEC 'D
15. Was Deceased Ever in U. S. Armed Forces (Yes,no or unknown) Uf yes, give wor or doles of NO	f service) 1 6. SOCIAL SECURITY NO.			TIMORE MD 21229 KENS & CATON AV
DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the made of dy) heart foilure, astherio, etc. If means the injury or complication which caused dec ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, sise to the above cause (A) sto UNDERLYING CONDITION lost.	(A) IMMEDIATE CAU DUE 10, OR AS (ath.)  (B) DUE 10, OR AS (b) DUE 10, OR AS	ozenie str	vek-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 104- 2 days—
O THER SIGNIFICANT CONDITIONS CONTR	ERMINAL (A).			
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	YES	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomines)	21B PLACE OF INJURY (e.g., in home, farm, foclory, street, off etc.)	ice bldg., INJURY OCCUR?	(If In Boltlmore	City, give exact location)
21D-TIME (Month) (Doy) (Yeo) (H OF INJURY (APPROX.)	Out 21E INJURY OCCURRED  While At Not White Work At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (IX(this hospital) at that XI) (we) lost sow the deceased of and hour and from the couses stated	live on JULY 1,	19.69 and th	19 69 to JULY at in (Xn) (our) opini	on death occurred on the date
23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  PLEJANDRO MEJIA	DEGREE Phys.	3D. ADDRESS TAGNES HOSPI	Shoff Phys. BALTIM	ORE MD 21229 IS & CATON AVE
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 7-3-69	Loudon Park Ceme		timore, Mary	town, or county! (Stole)
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C, FUNERAL DIRECTOR		ADDRESS

4107 Wilkens Ave.

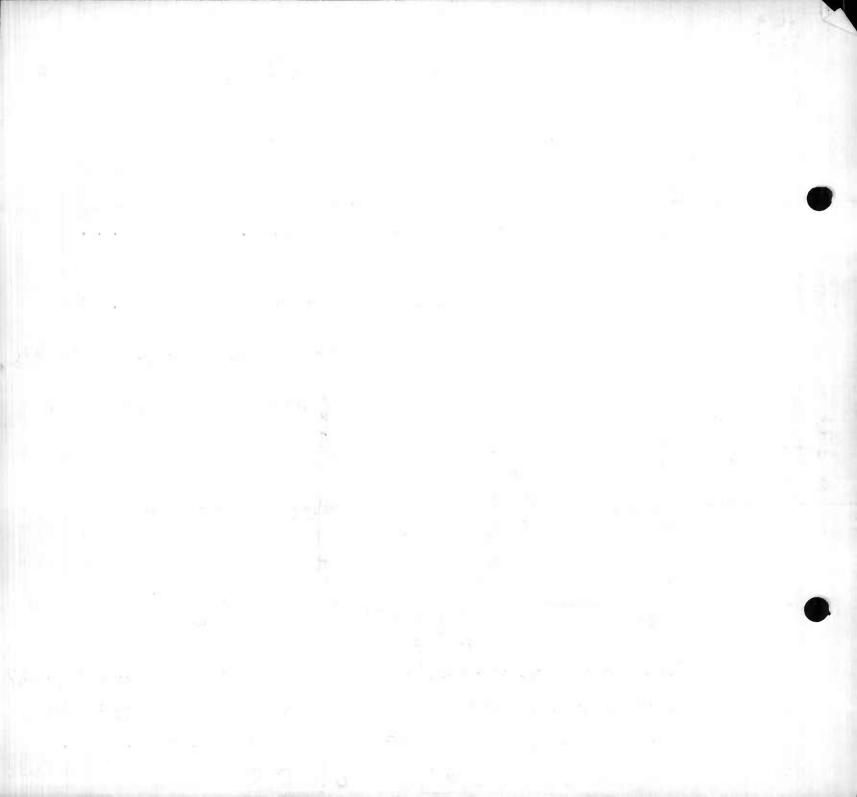
Howard H. Hubbard,



23

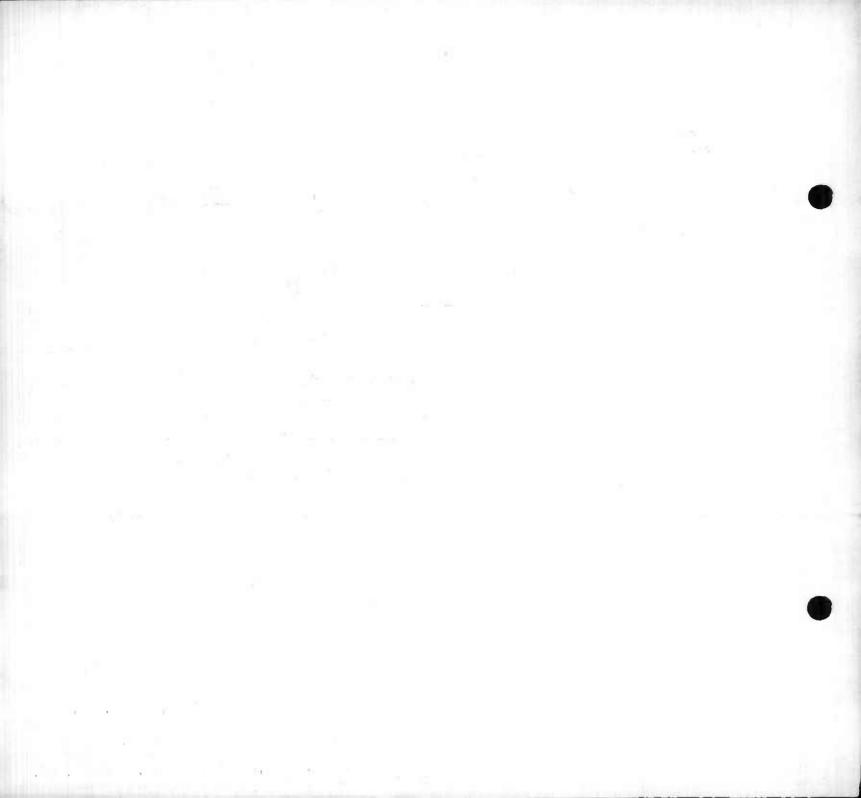
DIRECTOR:

FUNERAL



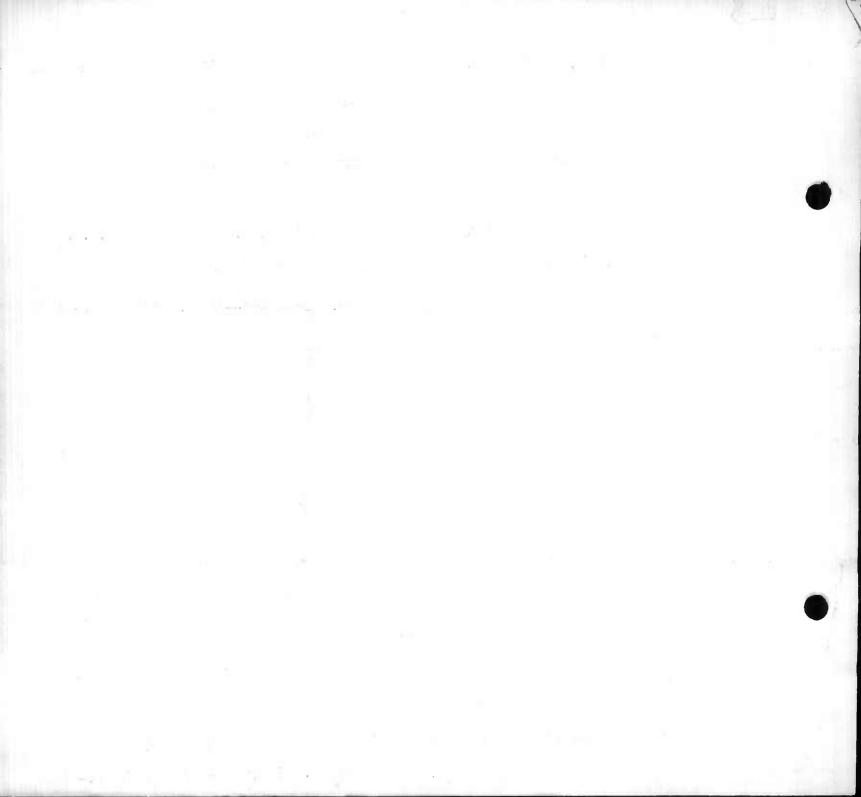
PERSE	00 0005	TE OF DEATH REG. NO. 69 6665
al and death ceased on the	(Type or Print)  Frances Wisniewski	June 29, 1969 1:45 a.m.
d in a hospit ing cuse of cause (5) De attendance	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where doceased lived, the institution: rasidence before admission) A. STATE R. COUNTY Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER 2834 Hudson Street
ath occurr r contribu determine in regula deceased	Female White WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1 Housewife	July 15, 1885 9. AGE (In yours   If Under 1 Yr.   If Under 24 Hrs.   Manths Doys Hours Min.
if deect of was was the iposition		4. MOTHER'S MAIDEN NAME ? ? 7. INFORMANT (Grandaughter) Address
examiner or his examiner. Also, (3) A fracture of arm who pronounce in regular attend as are embalmed o	head lailure, asthenia, etc. If means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving nise to the above cause (A) stating the UNDERLYING CONDITION last.  (C)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  SU YEAR  CONSEQUENCE OF:  CONSEQUENCE OF:
rune tal by a e; (2) Body there the No physici before the	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examined)  21B. PLACE OF INJURY (e.g., in hame, farm, foctory, street, afficient, and the contribution of the contribution	20A-AUTOPSY? (Yes or No) NO IN CERTIFYING CAUSES OF DEATH?  ar about 21C, WHERE DID or bldg, INJURY OCCUR?  (If in Baltimare City, give exact lacation)
the hosen any nature (except and (6) obtaine	DEATH (natify medical examiner)  OF INJURY (APPROX.)  DEATH (natify medical examiner)  OF INJURY (APPROX.)  DEATH (natify medical examiner)  OF INJURY (APPROX.)  DEATH (natify medical examiner)  OF INJURY OCCURRED  While At  Not While Work  22. I certify that (I) (this hospital) attended the deceased fram	
e must be a accident of a hospital or to death)	23C. PHYSICIAN'S	in (in); (an) a printing of the dollar
This certificate the body was reshows: (1) An acwas D.O.A. at a deceased prior written approve	24A. BURIAL CREMATION, REMOVAL (Specify)  Purial  24B. DATE  24C. NAME of CEMETERY OF CREM  7/3/69  Holy Redeemer Cemeters	etery Baltimore, Maryland
This the show	VS 150-REV. 1/1/68	25C FUNERAL DIECTOR, 2829 Hudson St. Balto. Md.

7/7/69 - Correction form from funeral director.



FUNERAL DIRECTOR: IMPORTANT

69 6667 BALT	TIMORE CITY HEALTH DEPARTMENT
	RTIFICATE OF DEATH REG. NO. 69 6667
(Type or Print)  BUNKE, William R.	2. DATE AND HOUR OF DEATH 6/30/69 11:40 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	AD 4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE HOSPITAL OR ADDRESS OR LOCATION)	Maryland Baltimore  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
3 The Johns Hopkins Hospital	
	MARRIED 3. DATE OF BIRTH 9. AGE (In years   II Under 1 Yr.   II Under 24 H   Months   Days   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS Of dona during most of working life, even if retired)  Self Employed Plumer	OR INDUSTRY 11. BIRTHPLACE (Stote or toreign country)  12. CITIZEN OF WHAT COUNT  Baltimore, Md.  U.S.A.
13. FATHER'S NAME Richard Bunke	14. MOTHER'S MAIDEN NAME Maude Heiss
15. Was Deceased Ever in U. S. Armod Forces? (Yes, no or unknown) (If yes, give war or doles of service)  SECURITY  WWW.	17. INFORMANT ADDRESS  Mrs. Maude Bunke-534 N. Milton Ave21205
18. CAUS	SE OF DEATH APPROXIMATE INTERVAL
inse to the above cause (A) stating the UNDERLYING CONDITION last. (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE TERMINAL	DUE TO, OR AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER.  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 12B. PLACE OF III	RATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The second secon	INJURY (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) tory, street, office bidg., INJURY OCCUR?
21D.TIME (Month) (Doy) (Year) (Hous 21E INJURY OC White AI Wark	CCURRED 21F. HOW DID INJURY OCCUR?  Not While At Work
22. I certify that (1) (this hospital) attended the deceased that (3) (we) last saw the deceased alive an	od from 6/27 19 61 to 6/30 19 61 O only opinion death accurred on the do
and haur and from the causes stated above. (We) (dld)	
23A. SIGNATURE COLLEGE DI.	Attending Med. Director Shaff Director
Joel Engelstein, M.D.	23D. ADDRESS
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMI	AETERY OF CREMATORY 24D. LOCATION (City, 16wn, or county) (Stote)  s of Faith (emetery Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN	

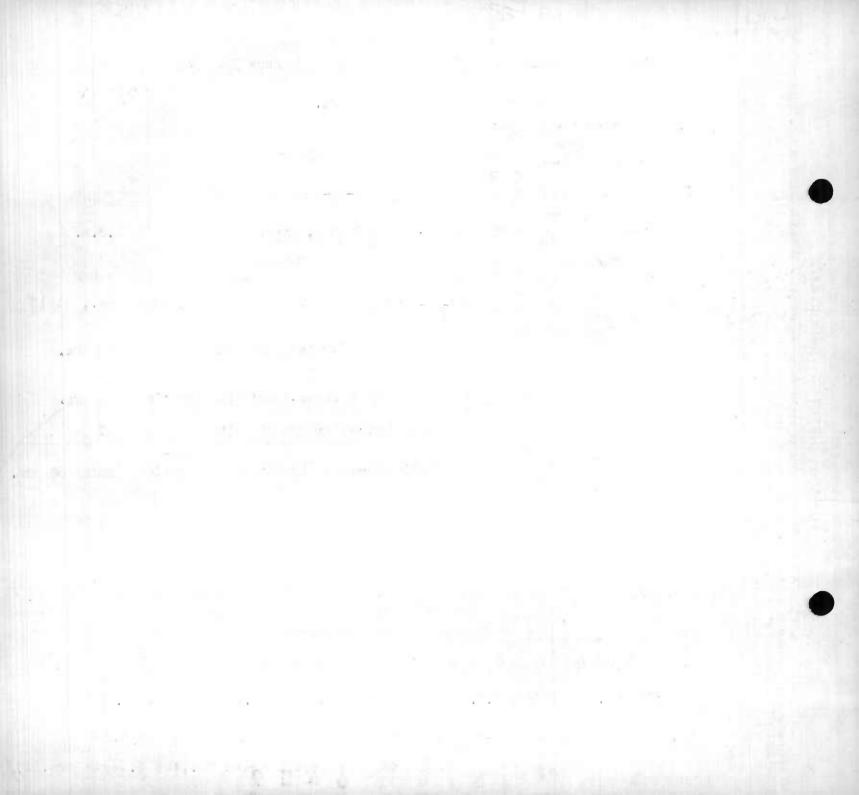


VS 150-REV. 1/1/68

Type or Print)	EASED			2. DAT	E AND HOUR OF DEA	ATH			
100	s Lucy Caraf	fa		To	ne 30. 1969	5:15 P			
3. PLACE IN BALT	TIMORE, MARYLAND, W	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	Where deceased lived.	If institution: residence before admissi			
				A. STATE B. C	<b>У</b> ТИПО	11.10			
FULL NAME OF	ADDRESS OR LOC	TAL OR INSTIT ATION)	UTION, GIVE STREET	C. CITY OR TOWN		V-/A			
NSTITUTION				C. CITY OR TOWN	D.	INSIDE CITY LIMITS?			
	n Psychiatri	c Insti	tute	e. STREET AND NUMBI	ED	YES NO NO			
	bash Avenue				EK				
	re, Maryland			Unknown	lo ACE //-				
. SEX	6. RACE	/ MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 H Months Doys Hours Min			
F	W	WIDOWED		3-27-91	78				
	UPATION (Give kind of worl working life, even if retired)	k 108. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUN			
		NON	R	Poster Me		TT C 4			
NONE NONE				Boston Mass. U.S.A.					
	Unknown			Unkno					
5. Was Deceased Yes, no or unknown)	(If yes, give wor or dote	rces? es of service)	SECURITY NO.	17. INFORMANT Rec	ords	ADDRESS			
No			220-54-7008	Seton Institute, 6400 Wabash Ave., 2121					
(This does not heart failure, injury or com	LEADING TO DEATH not mean the made of asihenia, etc. It means application which caused ANTECEDENT CAUSES DR CONDITIONS, if	the disease, I death.)		SE Cardiac In A CONSEQUENCE OF: y & General A A CONSEQUENCE OF:		24 hrs. osis 25 yrs.			
(This does not heart failure, injury or com  A  DISEASES Orise to the	nal mean the made of asthenia, etc. It means aptication which caused ANTECEDENT CAUSES	the disease, death.) any, giving	(B) Coronar		rterioscler tension	osis 25 yrs.			
(This does not heart failure, injury or come of the company of the	nal mean the made of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A)	s the disease, death.) any, giving stoling the DNTRIBUTING	(B) Coronar	y & General A A CONSEQUENCE OF: Bascular Hyper	rterioscler	osis 25 yrs.			
(This does not heart failure, injury or come of the company of the	all mean the made of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.  ILLICANT CONDITIONS CONDITION GIVEN IN PART ON DEPARTION 198. CON WAS PER	any, giving sloling the TERMINAL RT 1 (A).	(B) Coronar DUE TO, OR AS (C) Cardiov  Schizoph WHICH OPERATION	y & General A A CONSEQUENCE OF: BASCULAR Hyper BY	rterioscler tension ty c Undiffere	osis 25 yrs.			
OTHER SIGNIFITO THE DEATH OF CONTRIBUTION OF C	all mean the made of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.  ILLICANT CONDITIONS CONTROL ON THE BUT NOT RELATED TO TO ONDITION GIVEN IN PARTOR COPERATION 198.	any, giving stoling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR FORMED	(B) Coronar DUE TO, OR AS  (C) Cardiov  Schizoph  WHICH OPERATION  PLACE OF INJURY (e.g., in the, form, foctory, street, of the original of th	A CONSEQUENCE OF:  CASCULAR Hyper  Crenia, hroni  20A. AUTOPSY? (Yes of No	tension  ty  c Undiffere	pe ntied about 60 yr			
OTHER SIGNIFITO THE DEATH OF CONTRIBUTION OF C	all mean the made of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.	any, giving stoling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR FORMED	(B) Coronar DUE TO, OR AS  (C) Cardiov  Schizoph  WHICH OPERATION  PLACE OF INJURY (e.g., in the, form, foctory, street, of the order)  INJURY OCCURRED  ile At Not While	Tenia, hroni  20A. AUTOPSY? (Yes of Non or obout 21C, WHERE DId in Jury occu	tension  ty  c Undiffere	pe ntied about 60 yr ere findings considered causes of death?			
OTHER SIGNIF TO THE DEAT DISEASE OR CO TO THE DEAT DISEASE OR CO TO THE DEAT DISEASE OR CO TO THE DEAT	all mean the made of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.	any, giving stoling the STRIBUTING THE TERMINAL RT 1 (A). NOTION FOR STORMED	(B) Coronar DUE TO, OR AS  (C) Cardiov  Schizoph  WHICH OPERATION  PLACE OF INJURY (e.g., in the, form, foctory, street, of the colors)  INJURY OCCURRED  ile At Not While the colors when the colors with the colors when the colors with the	Tenia, hroni  20A. AUTOPSY? (Yes of Non or obout 21C, WHERE DId in Jury occu	tension  ty  c Undiffere	pe ntied about 60 yr ERE FINDINGS CONSIDERED CAUSES OF DEATH?			
OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBUTION OF INJURY (APPROX.)	all mean the made of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) GONDITION last.  CICANI CONDITIONS COMBUTIONS COMBUTION SELATED TO TONDITION OPERATION 198. CON WAS PER TONDITION COMBUTION SELATED TO TONDITION SELATED TO TO	any, giving sloling the STATE	(B) Coronar DUE TO, OR AS  (C) Cardiov  Schizoph  WHICH OPERATION  PLACE OF INJURY (e.g., in the colory, street, of the colory)  INJURY OCCURRED  ile At Not While the deceased from Not While the dec	Tenia, hroni  20A. AUTOPSY? (Yes of Non or obout 21C, WHERE DID in the bidg., INJURY occu	rterioscler rtension  ty c Undiffere in Cernifying  (If in Boli	pe ntied about 60 yr ere findings considered causes of death? timore City, give exoct location)			
VOLVE SIGNIF TO THE DEATH OF INJURY OF INJURY (APPROX.)  (This does not heart failure, injury or com  A DISEASES OF INJURY (APPROX.)  (APPROX.)  (This does not heart failure, injury or com  A DISEASE OF INJURY (APPROX.)  (APPROX.)	all mean the made of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) GONDITION last.  IL TO A CONDITION STATE OF THE CONDITION STATE ON THE CONDITION STATE OF THE CONDITION S	any, giving sloling the Stoling the Stolin	(B) Coronar DUE TO, OR AS (C) Cardiov  Schizoph WHICH OPERATION  PLACE OF INJURY (e.g., in the form, foctory, street, of the foctory, street,	TY & General A A CONSEQUENCE OF:  TABCULAR HYPER  TENIA, hroni  20A. AUTOPSY? (Yes of Non or obout 21C. WHERE DID  10 INJURY OCCU  21F. HOW DID  19 on	tension  ty c Undiffered  or No. 208. IF YES, W IN CERTIFYING  O INJURY OCCUR?  19 6 ( to ) d that in (my) (our)	pe ntied about 60 yr ERE FINDINGS CONSIDERED CAUSES OF DEATH?			
OTHER SIGNIF TO THE DEAT DISEASE OR OTHER SIGNIF TO THE DEAT DISEASE OR OTHER TO THE DEAT DISEASE OR OTHER D	all mean the made of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.  IL TO CONDITION S COME BUT NOT RELATED TO TO CONDITION GIVEN IN PART OPERATION 198. COME WAS PER TO THE CONDITION COME CAUSE OF MEDICAL	any, giving sloling the Stoling the Stolin	(B) Coronar DUE TO, OR AS  (C) Cardiov  Schizoph  WHICH OPERATION  PLACE OF INJURY (e.g., in the colory, street, of the colory)  INJURY OCCURRED  ile At Not While the deceased from Not While the dec	TY & General A A CONSEQUENCE OF:  TABCULAR HYPER  TENIA, hroni  20A. AUTOPSY? (Yes of Non or obout 21C. WHERE DID  10 INJURY OCCU  21F. HOW DID  19 on	tension  ty c Undiffered  or No. 208. IF YES, W IN CERTIFYING  O INJURY OCCUR?  19 6 ( to ) d that in (my) (our)	pe ntied about 60 yr ERE FINDINGS CONSIDERED CAUSES OF DEATH?  timore City, give exact location)  The 30. 1969 opinian death occurred an the control of the			
OTHER SIGNIFT TO THE DEATH DISEASE OR CONTRIBUDEATH (notify LAPPROX.)  21A. ACCIDEN OR CONTRIBUDEATH (notify LAPPROX.)  22. I certify that (I) (we) ond haur and 23A. SIGNATU	asilemia, etc. II means an asilemia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last.	any, giving sloling the Stoling the Stolin	(B) Coronar DUE TO, OR AS  (C) Cardiov  Schizoph  WHICH OPERATION  PLACE OF INJURY (e.g., in the, form, foctory, street, of the deceased from Months and the dece	TY & General A A CONSEQUENCE OF:  CASCULAR Hyper  Prenia, hroni  20A. AUTOPSY? (Yes of No.)  10	rterioscler rtension  ty c Undiffere in Cernifying  (If in Bold in Injury occur?  19 6 to d d that in (my) (our)	pe ntied about 60 yr ere findings considered causes of death? timore City, give exoct location)			
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Mowen Co., 108 W. North Ave. (1)



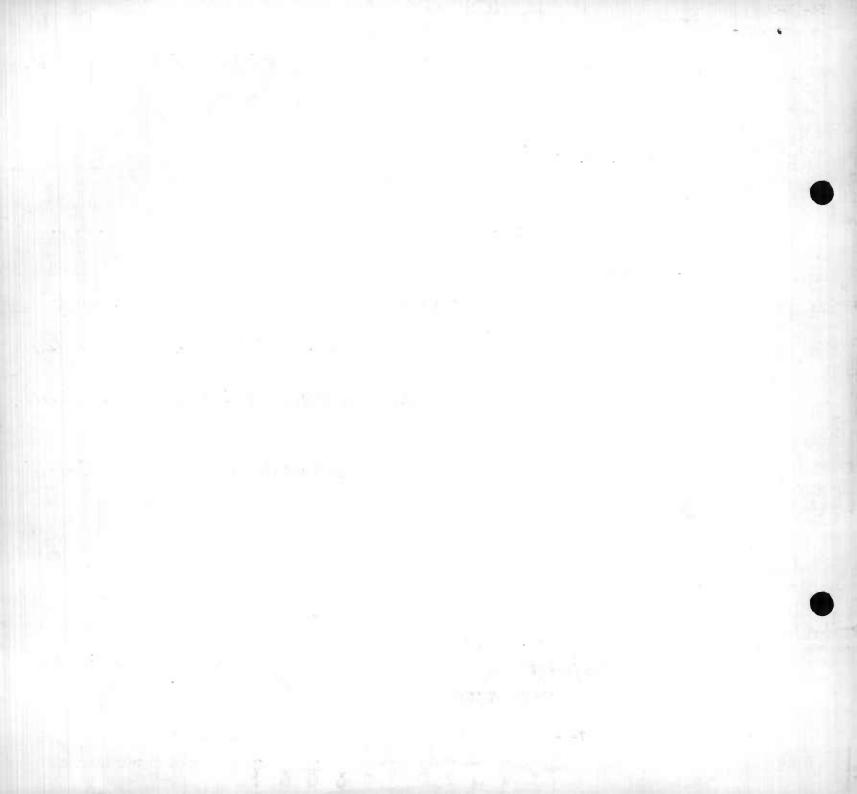
## 69 6669 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.		MILD	ICAL		AMIII VEIK O		CAIL		DEATI	REG.	NO			
I. NAME OF DEC	CEASED					2. DATE	Know	n IX	Month	Day	,	Year	Hour	
(Type or Print)		JOSEPH	A. MU	JSI	OL	OF DEATH	Estimo	oted 🗇	June	28.	1969			м.
4. PLACE IN BAL	TIMORE, MAI	RYLAND, W	HERE PRO	NOI	INCED DEAD	3. DATE			Month	Day		Year	Hour	241.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT	IN HOSPITA	L OR INSTIT	TUTIO	N, GIVE STREET		UNCED D	77-	June deceased live		1969		6:35	
00	1227 S	tee1to	n Aver	nue		A. STATE	Mary	,		B. COUI		2	636	e e
6. SEX	7. RACE		8. MARRIE	D 🗌	NEVER MARRIED	C. CITY O	RTOWN			D. INSI	DE CITY I	LIMITS?		
Male	White	e	WIDOWE	D 🗆	DIVORCED		Ba1t	imore			YES [		No	
9. DATE OF BIRT		10. AGE (In lost birthday	yeors	If Und	er 1 Yr. If Under 24 Hrs. 5. Days , Haurs , Min.	E. STREET AND NUMBER								
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						13. FATHER	S'S NAME							
Cauneg	ia Da			WI	HAT COUNTRY?									
		kind af work	4B. KIND	OF BL	ISINESS OR INDUSTR	Y 15. MOTH		SÍO EN NAM	NE.					
dane during most of v	warking life, eve	en if retired)					)							
16. WAS DECEAS	ED EVED IN I		Beth-		el Co 7. SOCIAL	18. INFORMANT ADDRESS								
(Yes, na ar unknown	(If yes, give w	or or dotes	of service)	1	SECURITY NO.									
La					232-07-9074		iusiol	904	Chartr	ess	St Ca			
19.	O XI				CAUSE OF DEA	TH							PPROXIMATE II	
DISEAS	E OR CONDI	TION DIREC	CTLY											
	LEADING TO	DEATH			(A)IMMEDIATE	CAUSE P	ulmon.	ary e	mboli					
(This does n	nat mean the i	made of dy It means the	ing, e.g., disease,		DUE TO, OR	AS A CONSE	QUENCE O	F:						
Injury ar cor	mplication whic	h coused dec	oth.)											
All	NTECEDENT	CALISES												
	OR CONDITIO		GIVING		DUE TO, OR	AS A CONS	QUENCE	OF:						
RISE TO THE	E ABOVE CAL	JSE (A) STAT												
Z	NO CONDIN	011 (201.			(c)									
STUES SIGN		II	AN IT DIDLITI											
O THE DE	ATH BUT NOT	RELATED TO	THE TERMIN		Arterio	sclero	tic c	ardio	vascu1	ar d	iseas	e		
DISEASE OF	CONDITION			0011	4.00 ODER 17:011 W	45 050500					lo			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.												or No)		
-1/-													Yes	
V 22A. EXTER UNDERLYING UTING □ CA		RIB-	h	2B. PL ome,	ACE OF INJURY(e.g., farm, factory, street, offic	in ar abaut e bldg., etc.)	22C. WHE	RE DID (	lf in Baltimare	City, gi	ve exact la	ocation)		
≥ 22D. TIME		oy) (Yeor	) (Haur)	228	INJURY OCCURRED		22F. HOW	V DID IN	URY OCCU	R?				
OF INJURY (APPROX.)				n. WH		WHILE D								
23.			Π	n.į wc	ALV	YORK LI					-			
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resul	ted from: No	atural cau	V	Ac	etdent Suicio	-	lomicIde		Jndetermin	ed mor	ner 🗆			
16301				7.0					XAMINER	_				
ACTUAL SIGNAT		and	1).	0	M. M. M. D.	ASS	ISTANT M						DATE SIG	NED
EXAMIN NAME (1	Type) Cl		s. sp		ngate, M.D.		OCIATE M						29, 19	
24A. BURIAL CRE REMOVAL (Special Burial	MATION, 24	4B. DATE 7-3-6	9		t Joseph Cen		ORY		COCATION		, town, or	county	) (Sto	ote)
25A. DATE REC'D	BY HEALTH F				F REGISTRAR		FUNERAL		rnagie	ra	ADDI	RESS		
TO THE REE D		10.00	0.0	20	0					005			A TITEBLLIE	
	JATS	1969	VIGOR	ع ص	Varber, M.D.	N.A.	LIEK	DADKU	WSKI I	003	DONDA	LLK	AVENUE	
VS 151-REV. 1/1/68	8		1 12	50	4 ()	(1) B	13	63 1						-

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0 3-12 (1)

Baltimore City Hospitals  4940 Eastern Ave.  Balto. Md. 21224  5. SEX  6. RACE  White  Widowed  Divorced  10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)  Laborer  13. FATHER'S NAME  John Shaduk  John Shaduk  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service)  Ves  WI I  CAUSE OF DEATH  E. STREET AND NUMBER  6753 Roberts Avenue 21222  B. DATE OF BIRTH  9. AGE (In yeors lift Under 1 Younder	
4940 Eastern Ave.  Balto. Md. 21224  5. SEX  6. RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In yeors lost birthdoy)  76  Male  White  WIDOWED DIVORCED 76  10A. USUAL OCCUPATION (Give kind of work] 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Laborer  13. FATHER'S NAME  John Shaduk  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) III yes, give wor or dotes of service)  Ves  WW I  CAUSE OF DEATH  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  BETW  LADOR AGE (In yeors lift Under 1 Yes)  10. AGE (In yeors lift Under 1 Yes)  10. AGE (In yeors lift Under 1 Yes)  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. Wos Deceased Ever in U. S. Armed Forces?  (Yes, no of unknown) III yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  218-10-0101A  BCH Records: 4940 Eastern Ave.  CAUSE OF DEATH  BETW  APRICATION OF MEDITAL OF M	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In yeors lost birthday) 76  Male White Widowed Divorced 100. Usual occupation (Give kind of work 100, Kind of Business or Industry 11. Birthplace (Stote or foreign country) 12. Citizen done during most of working life, even if retired done during most of working life, even if retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.  Ves WW I 218-10-0101A BCH Records: 4940 Eastern Ave.  CAUSE OF DEATH  CAUSE OF DEATH  (A) IMMEDIATE CAUSE Brancho Medical Marginal Country 12. CITIZEN 13. BIRTHPLACE (Stote or foreign country) 12. CITIZEN 14. BIRTHPLACE (Stote or foreign country) 12. CITIZEN 14. BIRTHPLACE (Stote or foreign country) 12. CITIZEN 15. Wos Deceased Ever in U. S. Armed Forces? 14. MOTHER'S MAIDEN NAME  Lenora Shaduk  Lenora Shaduk  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
Male White Widoward of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN done during most of working life, even if retired)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  AD  18. O DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE Brancho precompany of the country o	e 21222
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Laborer  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  John Shaduk  Lenora Shaduk  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dates of service)  Ves  WW I  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  BY CAUSE OF MELL MALL AND MELL MALL MALL MALL MALL MALL MALL MALL	
done during most of working life, even if retired)  Laborer  13. FATHER'S NAME  John Shaduk  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service)  Ves  WW I  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE  Lenora Shaduk  17. INFORMANT  AP  SETW  AP  SETW  (A) IMMEDIATE CAUSE  Brancho Merchany (A) IMMEDIATE CAUSE  AP  SETW  (A) IMMEDIATE CAUSE  Brancho Merchany (A) IMMEDIATE CAUSE  Brancho Merchany (A) IMMEDIATE CAUSE  Brancho Merchany (A) IMMEDIATE CAUSE  AP  SETW  (A) IMMEDIATE CAUSE  Brancho Merchany (A) IMMEDIATE CAUSE  AP  SETW  (A) IMMEDIATE CAUSE  Brancho Merchany (A) IMMEDIATE CAUSE  Brancho Merchany (A) IMMEDIATE CAUSE  AP  SETW  (A) IMMEDIATE CAUSE  Brancho Merchany (A) IMMEDIATE CAUSE  Brancho Merchany (A) IMMEDIATE CAUSE  AP  SETW  (A) IMMEDIATE CAUSE  Brancho Merchany (A) IMMEDIATE CAUSE  Bran	12 617771) 05 14147
13. FATHER'S NAME  John Shaduk  Lenora Shaduk  15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  Ves  WW I  CAUSE OF DEATH  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	12. CITIZEN OF WHAT
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15. Wos Deceased Ever in U. S. Ammed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  Ves WW I  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE Brown of Medicine Control of the Control of th	
(Yes, no of unknown) (If yes, give wor of dotes of service)  yes    Ves   WW I   218-10-0101A   BCH Records: 4940 Eastern Ave.    CAUSE OF DEATH   BETW   LEADING TO DEATH   CALIMMEDIATE CAUSE   BYONCHO PHOUMING	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  (A) IMMEDIATE CAUSE Broncho PREVIOUNICA  (A) IMMEDIATE CAUSE	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  (A) IMMEDIATE CAUSE Broncho PREVIOUNICA  (A) IMMEDIATE CAUSE	Eastern Ave. 21224
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Broncho PREDIMENTICA	APPROXIMATE BETWEEN ONSET
UNDERLYING CONDITION lost. (C)	2
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	29
WAS PERFORMED NO IN CERTIFYING CAUSES OF DEA'	YES, WERE FINDINGS CONSIDERED TEYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exc	If In Boltimore City, give exact location
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	J R?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  10	6/2-
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?  DEATH (notify medicol exominer)  DEATH (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  10	to 6/30
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)    A contributing Cause of Death (notify medical examiner)	(aur) oplnion death occurred o
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  Nome, form, foctory, street, office bldg., INJURY OCCUR?    Nome, form, foctory, street, office bldg., INJURY OCCUR?   Nome, form, foctory, street, office bldg., INJURY OCCUR?   Nome, form, foctory, street, office bldg., INJURY OCCUR?   Nome, form, foctory, street, office bldg., INJURY OCCUR?   Nome, form, foctory, street, office bldg., INJURY OCCUR?   21D.TIME	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)    A part	(aur) opinion deoth occurred o
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)    Nome, form, foctory, street, office bidg, INJURY OCCUR?	23B. DATE SIGNED 6/30/1
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  DEATH (notify medical examiner)  OF INJURY  (APPROX.)  21D. TIME (Month) (Doy) (Year) (Hour)  OF INJURY  (APPROX.)  21E. INJURY OCCURED  White At Not While Work  At Work  22. I certify that (I) (this haspital) attended the deceased from 19 69 and that in(my) (aur) oplnion death of ond hour and from the causes stated above. (I) (We) (dId) (did not) view the body after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Attending Med. Shaff Phys.  23D. ADDRESS 4940 Eastern Ave. 21224	23B. DATE SIGNED 6/30/1
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  Note of INJURY OCCUR?  21D. TIME (Manth) (Day) (Year) (Hour)  21E. INJURY OCCURED  White At Not While At Work  At Work  22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive on ond hour and from the causes stated shove. (I) (We) (did) (did not) view the body after death.  23C. PHYSICIAN'S NAME (Type)  Attending Med. Shaff Director Phys.  23D. ADDRESS 4940 Eastern Ave. 21224  DEGREE  DEGR	238, DATE SIGNED 6/30/6 Ave. 21224 (City, town, or county)



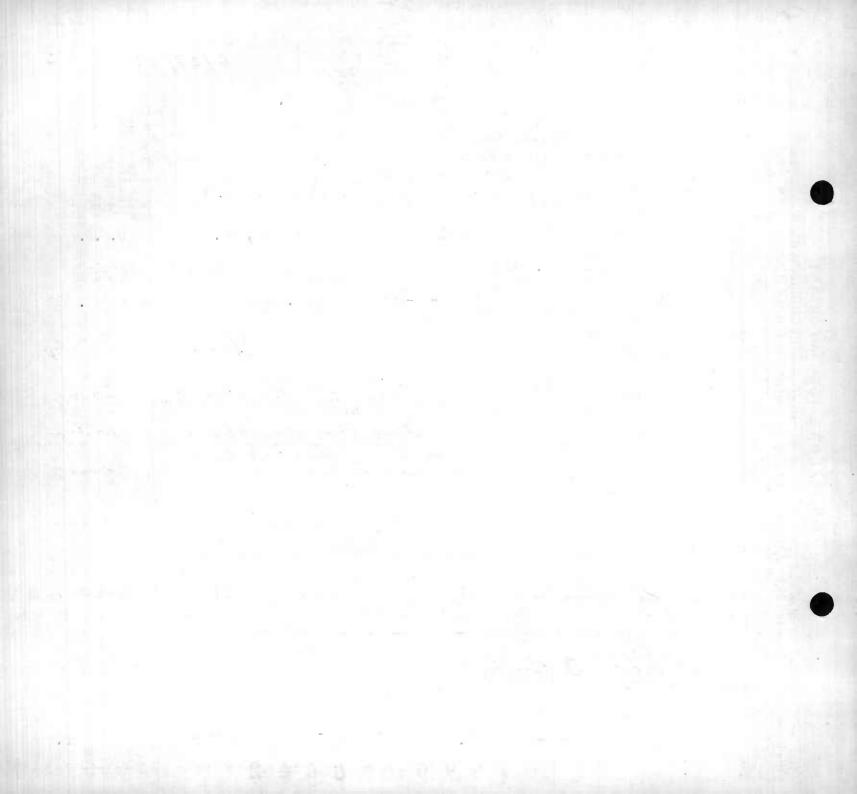
BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

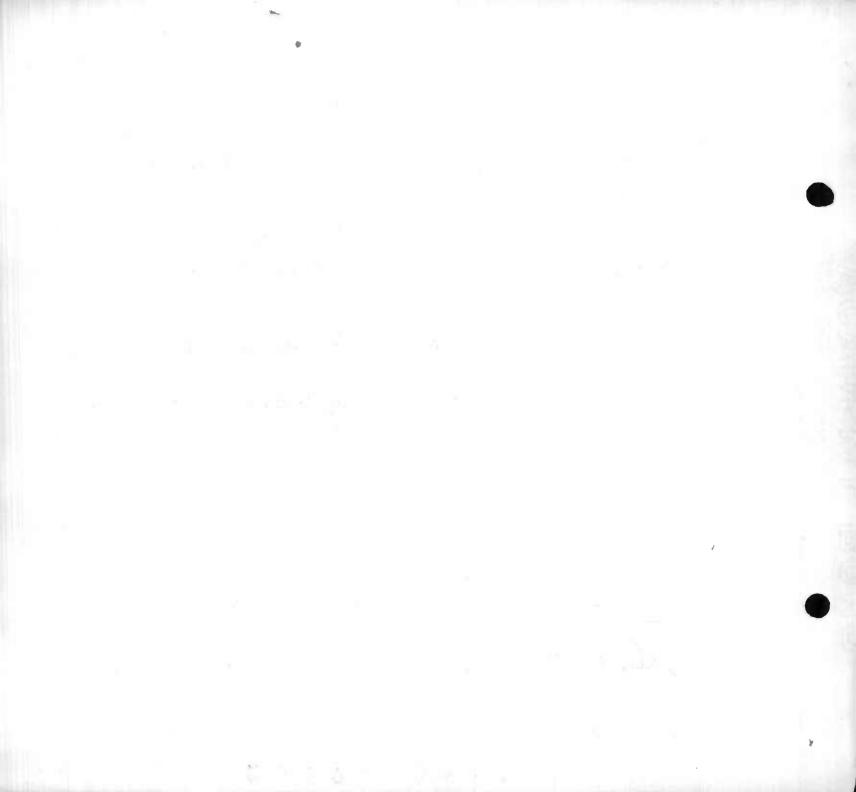
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D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? George E. Osbourne 4312 Belmar Ave. 212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) ...and that in (my) (our) apinion death accurred on the date (City, town, or county) Funeral Home 7401 Belair Rd 2

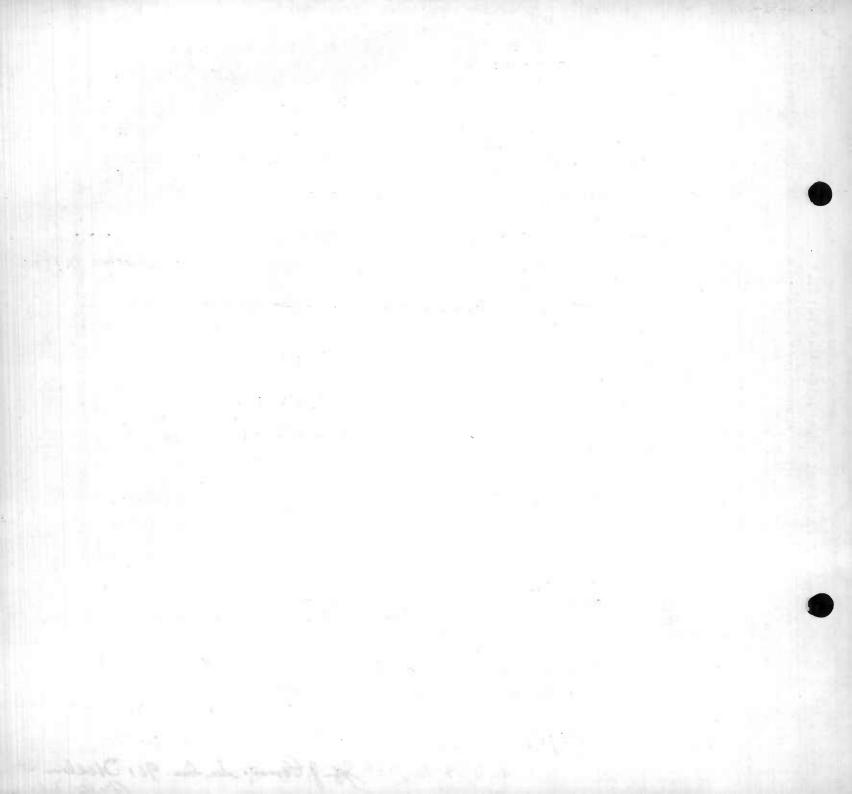
REG. NO.



H	-2501				69	6672	BALTIMORE CIT	Y HEALTH DEPART	MENT	69	6672
<	P. P. P. S.	BI	RTH NO.		00	00/2	CERTIFICA	ATE OF DEA	ATH REG. NO		0012
18	and eath ased the Such	1.1	NAME OF DEC	4			* * * *	/// [2.	DATE AND HOUR OF DE	ATH	-000
10	tal and f death eccased on the h. Such			ILLIA		NRY	HYSON	1/4/1004	1) 7-1-69		905 AM.
X	G 0 0 0 5	3.	PLACE IN BAL	TIMORE, MA	RYLAND, WHER	E PRONO UN	CED DEAD	A. STATE	B. COUNTY	If institution; resi	dence before odmission)
	hospi 1se o (5) D ance deat	FL	ILL NAME OF	(IF NOT	IN HOSPITAL	OR INSTITUTE	ON, GIVE STREET	MARYCAN	VD BALTO	d	1302
	a ho cause se; (5 sndan to de	IN	STITUTION					C. CITY OR TOWN	1	INSIDE CITY LIM	
	in a ng cau cause; attend ior to	13	SOUTH 1	SACII	NORE (	SCN.	HOSP.	E. STREET AND N		YES 💽	NO 🗌
HARM INTERNAL	O .= _ L .		3001	5.4	14 NOVER			1610 1	PATAPSCO AVE		
P.	contribut contribut etermined n regular preased p	5,	SEX	6. RACE	7. /		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)		Yr. If Under 24 Hrs.
	contribution to the contribution regulation to the contribution to		M	CAU		IDOWED _	DIVORCED _	12-13-10	58	7410111113	bys Moors Min.
	dete dete in r	dor	N. USUAL OCCU	IPATION (Give vorking life, ev	an if refired)	- 2	SINESS OR INDUSTRI	11. BIRTHPLACE (Sta	te or foreign countryl	12. CITIZE	N OF WHAT COUNTRY?
	deat Undeas as in		LAD	OLEC	- 10	BAILE	Cly.	BALTO	MD	10	51
	if deect 4) Ur was the sposie	13.	FATHER'S NAM	A E				14. MOTHER'S MAI	DEN NAME		
5	1 5 4 2		THO	WAS				FLE	DRENCE B	00TH	
A	istant he di kind; death ce on nal di	15. (Ye	Wos Deceased Line of unknown)	(If yes, give	Armed Forces? wor or dotes of	service) 16	SOCIAL SECURITY NO.	17. INFORMANT	- 100 /		DDRESS
R	SS: A A D D I		140					/ /	amely -	JAR	E
IMPORTANT	ner or his as er. Also, if cture of any pronounced lar attenda		18. 4	191			CAUSE OF DEAT			BET	APPROXIMATE INTERVAL
Ž	Also, i			E OR CONI LEADING T	OITION DIRECT	TLY	Profou	nd Condian	ascular Coll	ance	4.4
	A S E E		(This does no	of mean the	mode of dyin	ng, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF		710	MINS
8	miner siner. fractur o pror gular embal		injury or com	plication wh	. It means the ich caused dec	diseose, th.)	0				
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IRECTOR:	Xan Xan Vh Wh		DISEASES O	R CONDITI	ONS, if ony, ouse (A) stat	giving	DUE TO, OR AS	A CONSEQUENCE O	F: //		
2			UNDERLYING			ing me	(c) ASCV	D *			YEARS
۵	medical e burns; (3 physician an was ir	_		ll l							
AL	ber bur hys	TION	OTHER SIGNIFICATION	CANT COND	TIONS CONTRI	BUTING					
E S	dy bu	1	DISEASE OR CO	NDITION GI	198 CONDITION	A). ON FOR WHI	CH OPERATION	20A. AUTOPSY? (Y	(es or No) 20R PE VEC W	ERE EINDINGS CO	DNSIDSPED
FUNER	- S - S	CERTIFIC	0		WAS PERFORM	MED		-iar-	IN CERTIFYING	CAUSES OF DE	ATH?
E			21 A. ACCIDEN OR CONTRIBUT	T WAS UND	ERLYING SE OF	216, PLA	CE OF INJURY (e.g., I	n or obout 21 C. WHER	E DID (If In Ball	limore City, give e	xoct locotion)
	od by the ospital bature; (2) of where (6) No planed before	CAL	DEATH Inotity	medicol exon	ilned	etc.)					
	4 3 3 4 1	MEDI	OF INJURY	(Month) (D	oyl (Yeorl (Ho		IURY OCCURRED		DID INJURY OCCUR?		
	he hos ny nat axcept and (6 and (6		(APPROX.)			While A Work	Not While	• 🗆			
			22. I certify f	hat (1) (thi	<u>s hospital)</u> att	ended the d		1-25	19 69 to	7-1	19 69
	of of of all ((h);				e deceased al		7-1	19(0.9	and that In (my) (aur)	apinion deoth	occurred on the date
			and hour and	from the co	uses stated a	bove. (1) (4	(e) (dld) (dld not) v	lew the bady after	deoth.		
	SOPOPE		23A. SIGNATU	MARI	d Ms	(1000)	11 7) Atte	anding Med.		23B, DATE S	
	a cina		23C. PHYSICIAN	PS V V	1111.	0000	DEGREE Phy	s. Directo	or Staff Phys.	7	-1-69
	was range An a An a brior		NAME (Ty	pel				23D. ADDRESS			
		24A	BURIAL CREA	ATION, 1248	DATE	24C. NAME	DEGREE OF CRE	MATORY	24D 10C4*1011	(City to	
	Do od		REMOVAL (S	ecifyl 1	6.69	10	dar d	Leels	24D. LOCATION	(City, town, or c	ounty) (Stotel
	This certif the body shows: (1) was D.O./ deceased written a	25A	DATE REC'D	BY HEALTH	DEPT.  258.	NAME OF R	EGISTRAR	25C, FUNERAL D	TRECTOR		ADDRESS
	### ¥ \$ \$ \$			1111 9			JOBO M.D.	KCX CC	4-1-13	Pa E Fe	IN COL
	- 1	VS	150-REV. 1/1/6	JUL 4	-1302-T	TO CHE CO	Action . West		<u> </u>		* *

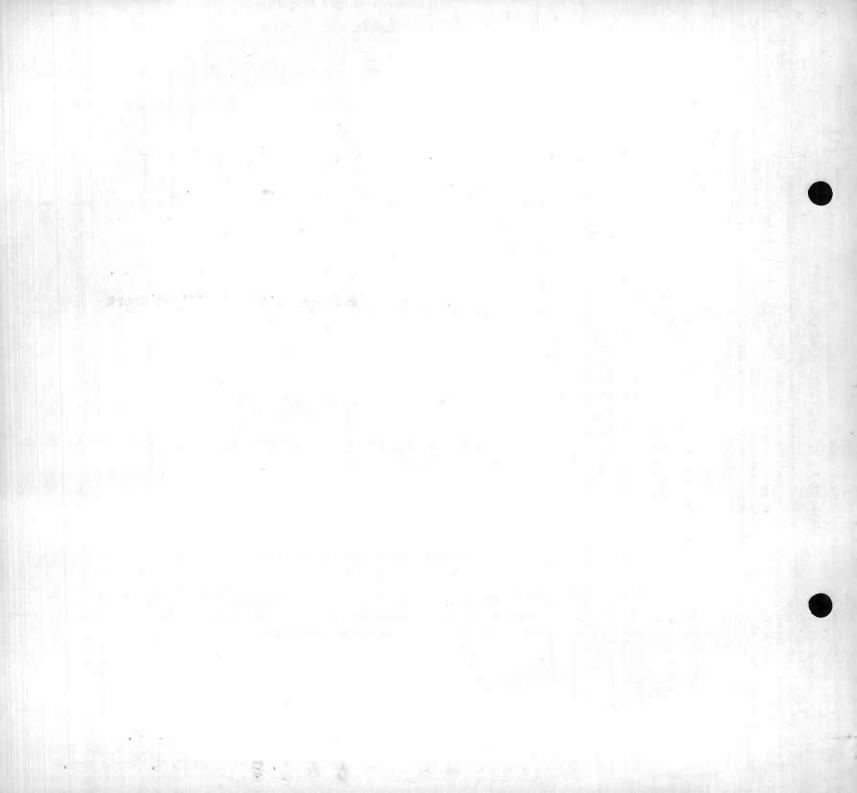


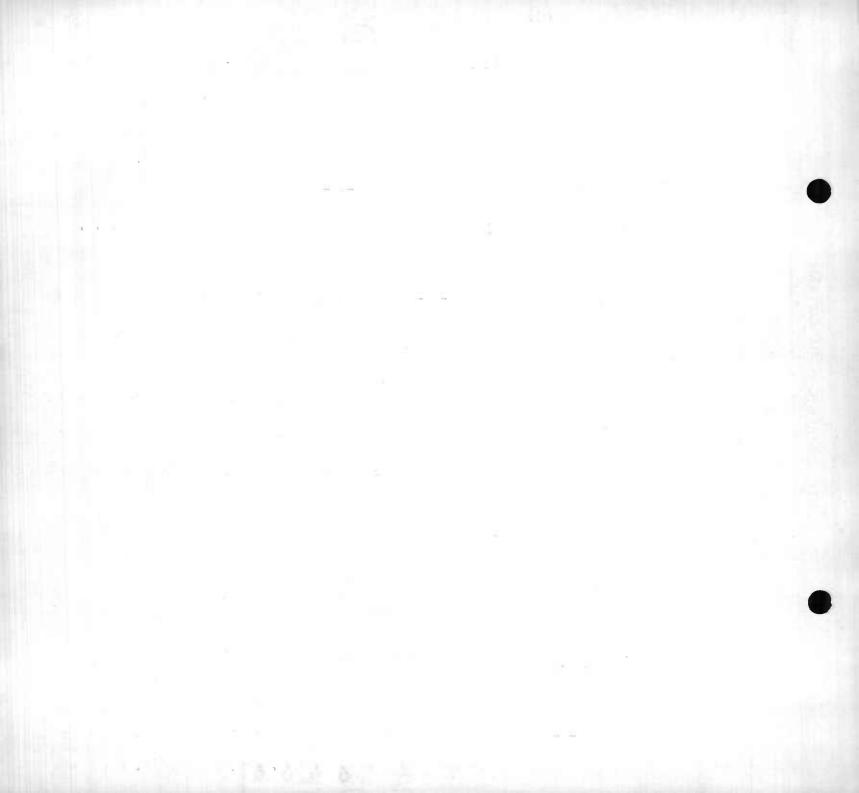
sab-54-51 <b>-</b> 00]	11-LI/A D9 DD/6	CITY HEALTH DEPARTMENT 69 6673
7604	BIRTH NO.	CATE OF DEATH REG. NO.
an an an th th	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
0 0 2 N	(Type or Print)  LILLIAN MILLER	6/30/69 1 433m.
+ + 0 -	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
spi spi o o o o o o o o o o o o o o o o o o o		2/0/
hos use (5) dand	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
caus se; (se; to	Baltimore City Hospitals	Baltimore YES X NO
n n n n n	3 4940 Eastern Avenue	E. STREET AND NUMBER
d tid	Baltimore, Maryland 21224	1403 Rayleigh Way 21224
contribut termined regular ceased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months; Doys Hours; Min.
mimi mi	Female White WIDOWED DIVORCED	10-30-1906 62 Million 62
re ed	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	
dedin	done during most of working life, even il retired)	Virginia U.S.A.
Si tis	13. FATHER'S NAME	Virginia U.S.A.,
if d ect wa wa the	William Sona)	Florence Paynter PayToN
F	- Seut	
AA	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Sis sis	10 - 220-18-841	4 Records:BCH-4940 Eastern Avenue 21224
his assistant liso, if the diof any kind; bunced death trendance on ed or final d	18. CAUSE OF D	
A po	DISEASE OR CONDITION DIRECTLY	
A Also	LEADING TO DEATH	CAUSE Se DS15
	heart laiture, asthenio, etc. It means the disease,	R AS A CONSEQUENCE OF:
ner act	injury or complication which coused deoth.)	1- 1.
Trie of	(B)	peritoritis
X X X X X X X X X X X X X X X X X X X	The state of the s	R AS A CONSEQUENCE OF:
S = 3 & E = 2	rise to the obove couse (A) stoling the UNDERLYING CONDITION last, (C)	caremona, disseur
L DI adical dical rrns; rsicia was		
did did	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
RA med he bu bu bu bu an	TO THE DEATH BUT NOT RELATED TO THE TERMINAL  C DISEASE OR CONDITION GIVEN IN PART 1 (A).	
chief medion of the physician where	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFY! TO CAUSES OF DEATH?
2 4 × 8 + 5 6	LA L	(6)
T 53 45 0 5	. OK CONTRIBUTING I CAUSE OF Iname, Tarm, Toctory, Sires	e.g., in or obout 21C. WHERE DtD (If In Baltimore City, give exact location) et, office bldg., INJURY OCCUR?
No of	DEATH (notify medical examiner)	
d b spins tur (6)		21F. HOW DID INJURY OCCUR?
ho ho nat	Vhile At □ Not	While Wark
x x x x x x x x x x x x x x x x x x x	F0-23-03	6/26 19/09 to 6/30 1969
G + E ® 0 0	6/3	19.09 and that in (m) (our) opinion death occurred on the date
of o	marking wer fost saw the deceased drive on	
ust be appassed to dent of ospital death)	ond hour and from the causes stated above (I) (We) (fid) did n	at) view the body offer deoth.    23 B, DATE SJÖNED/
de d	23A. SIGNATURE	
E + 1 C - E	DEGREE	Phys. Director Phys.
S to o	23C. PHYSICIANS NAME (Type)	Baltimore City Hospitals
was An An oprio	Javed D. Case, M.	4940 Eastern Agenue, Baltimore, Maryland 21224
A.C. D.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
This certificate methe body was relessons: (1) An acc was D.O.A. at a lecture of the price of the properties of the prop	13/69 Del	Constens Coto Co. Mil.
This ce the boo shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
This the I show was dece	JUL 2 1969 Rebert E. Garber A	200 John & Cossid. In Suc. 90, Hallis It.
	V\$ 150-REV, 1/1/6B	

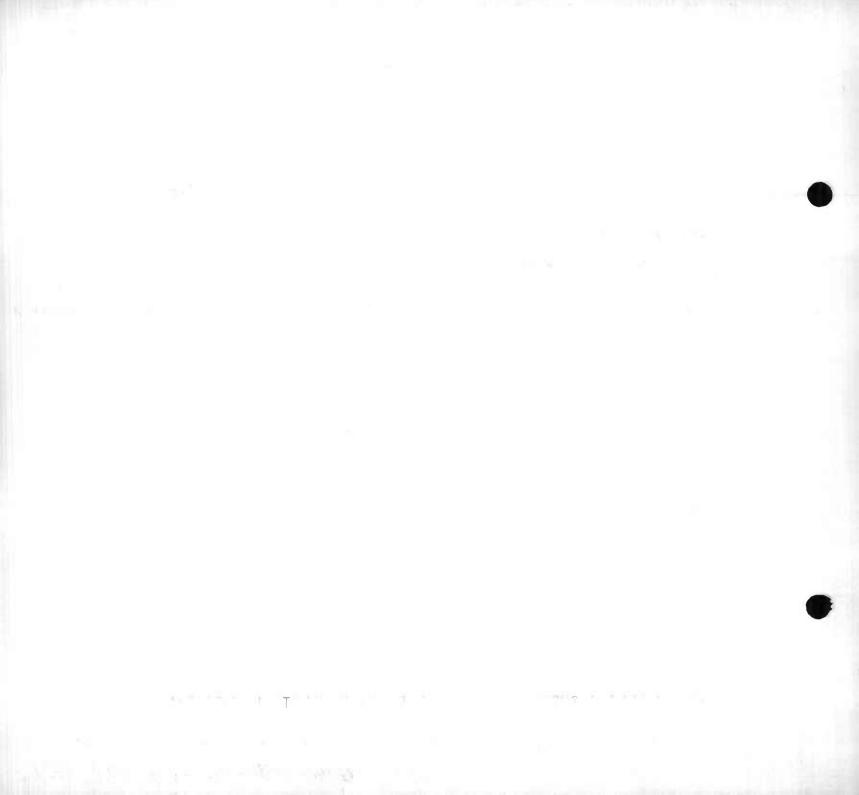


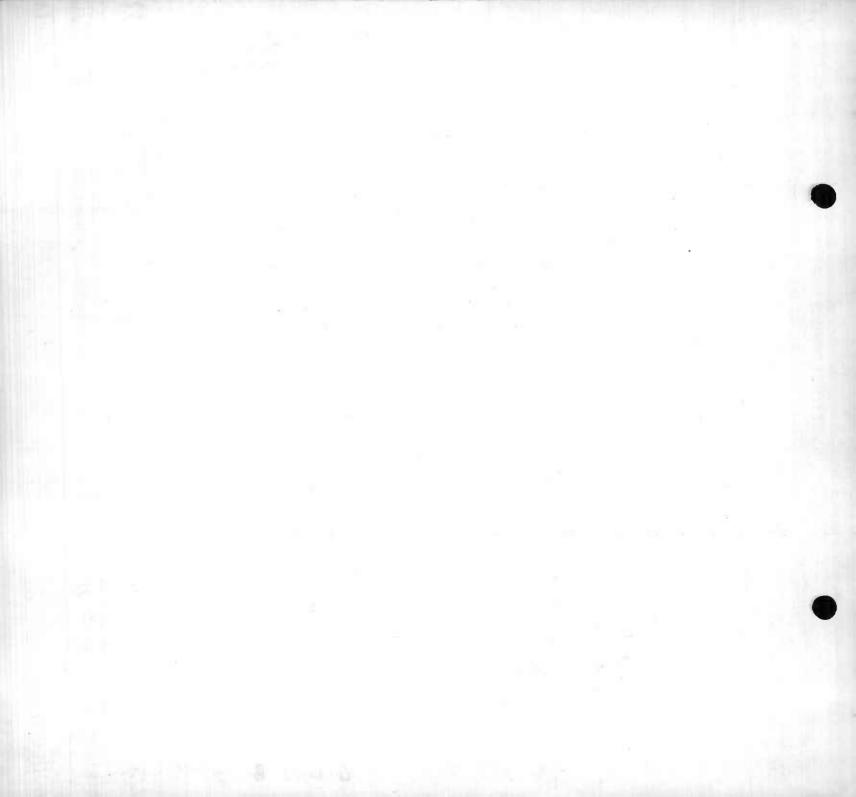
DIRECTOR:

FUNERAL





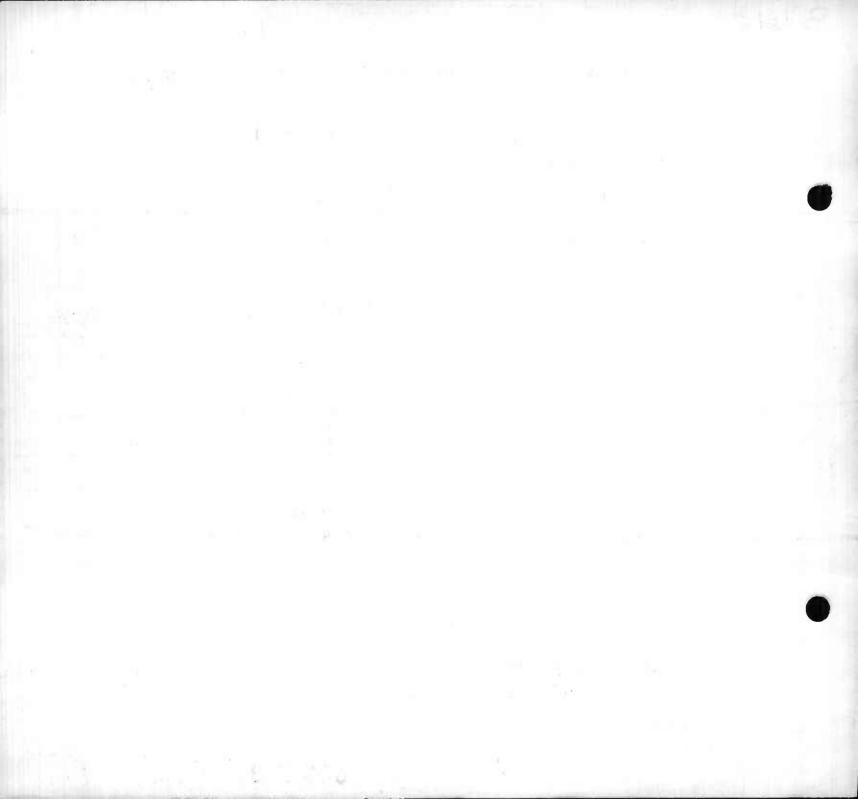




DIRECTOR:

FUNERAL

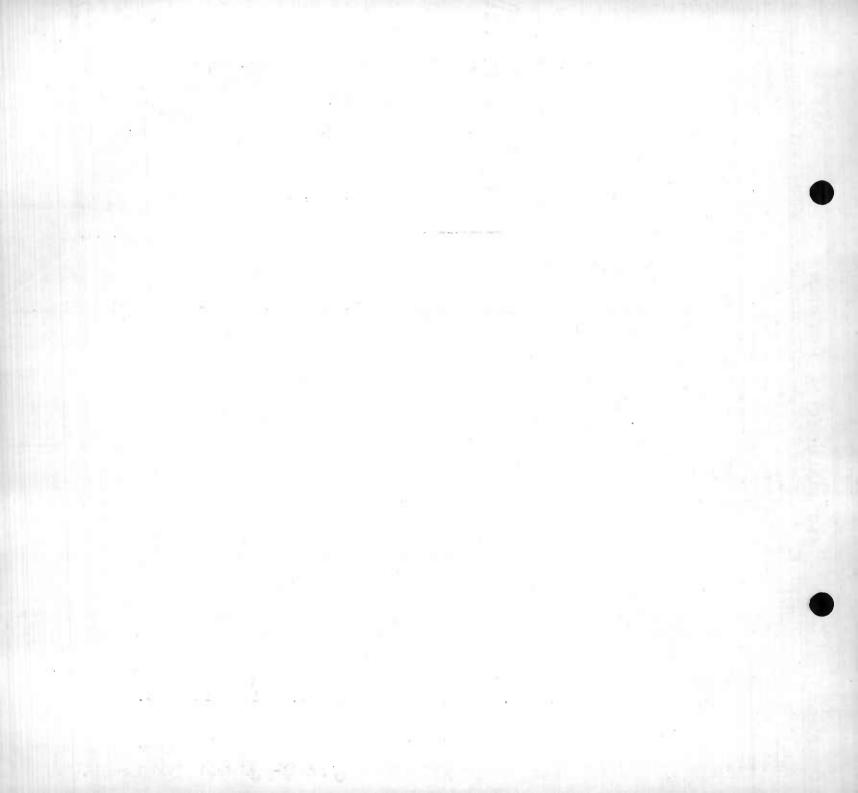




VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

Toward look land brown let 5/17/16 Elion in marchinet of trabanets major but sidence Promon thy softwarms good Cordinance, Right - 18 108 Personal Persi Statement July 6-97 110 4 ingen margely wid. I WILLIAM PRIMAKOFF NO have made the harden that water they had



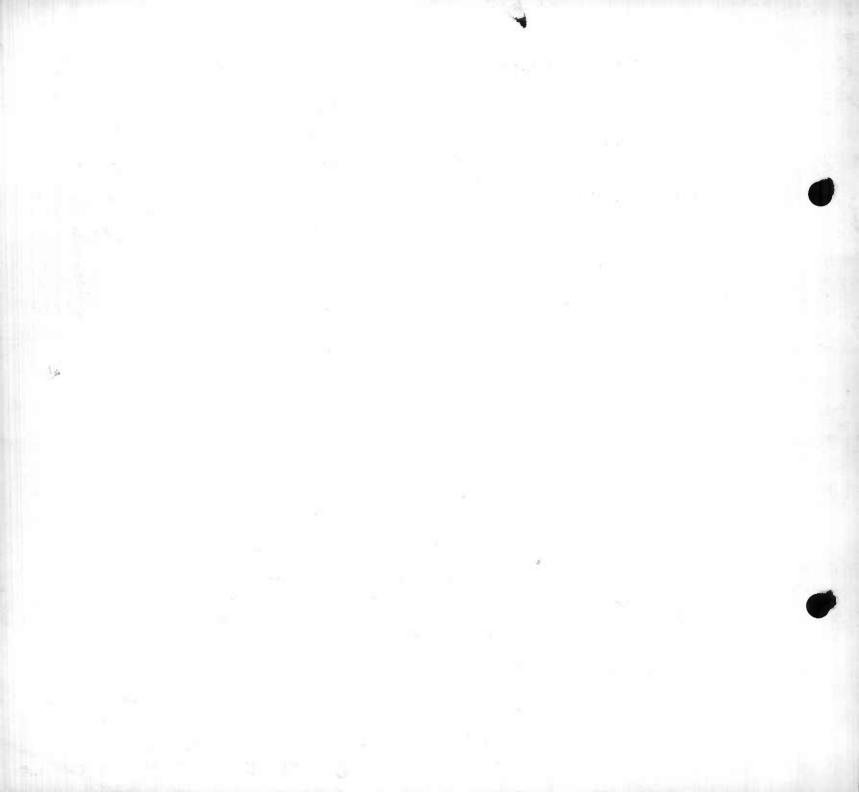
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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

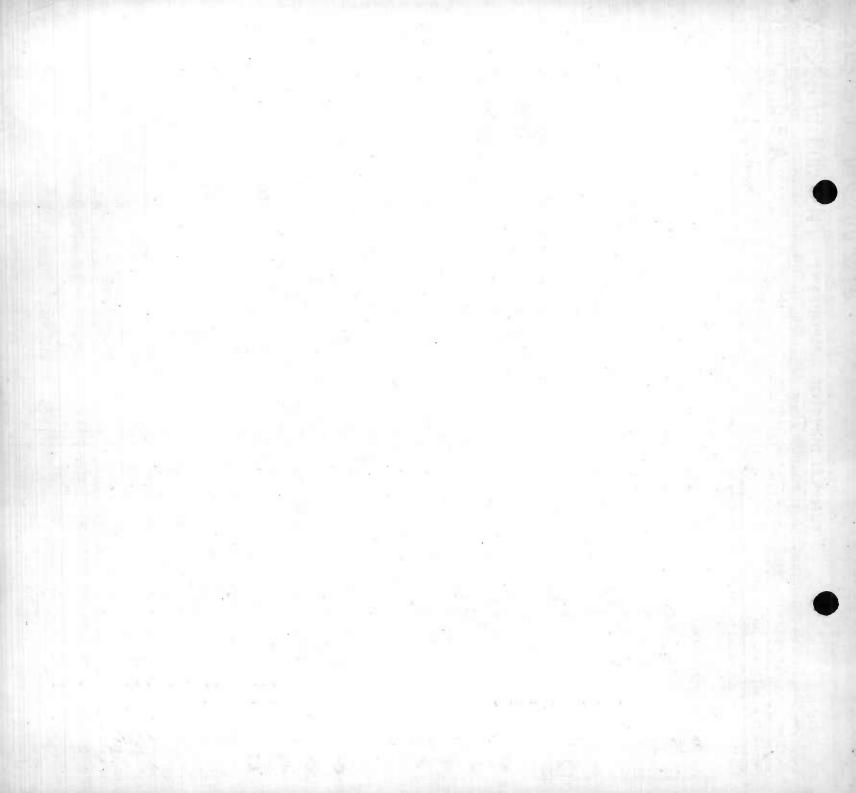
2408 Maphorack Ral 4-11-16 5340 Hall



IMPORTANT

DIRECTOR:

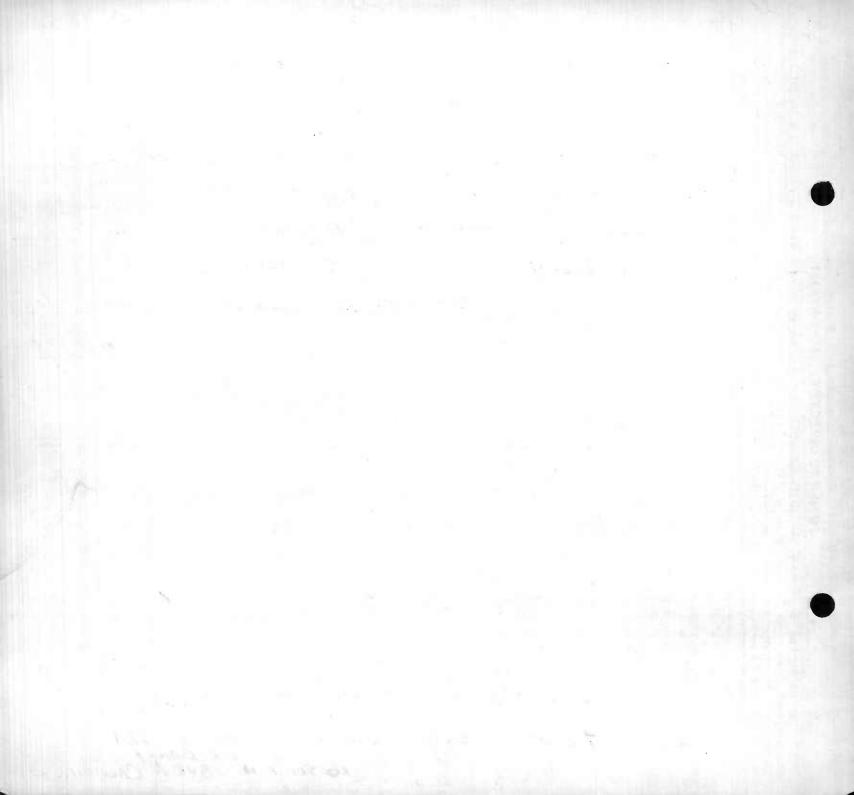
FUNERAL



IMPORTANI

DIRECTOR:

FUNERAL



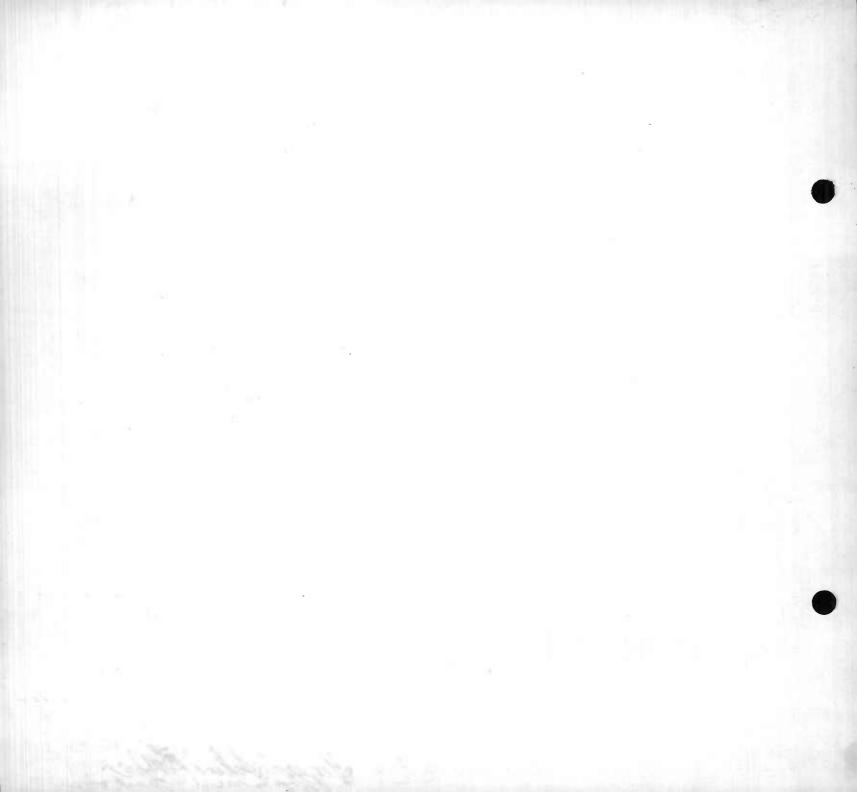
IMPORTANT

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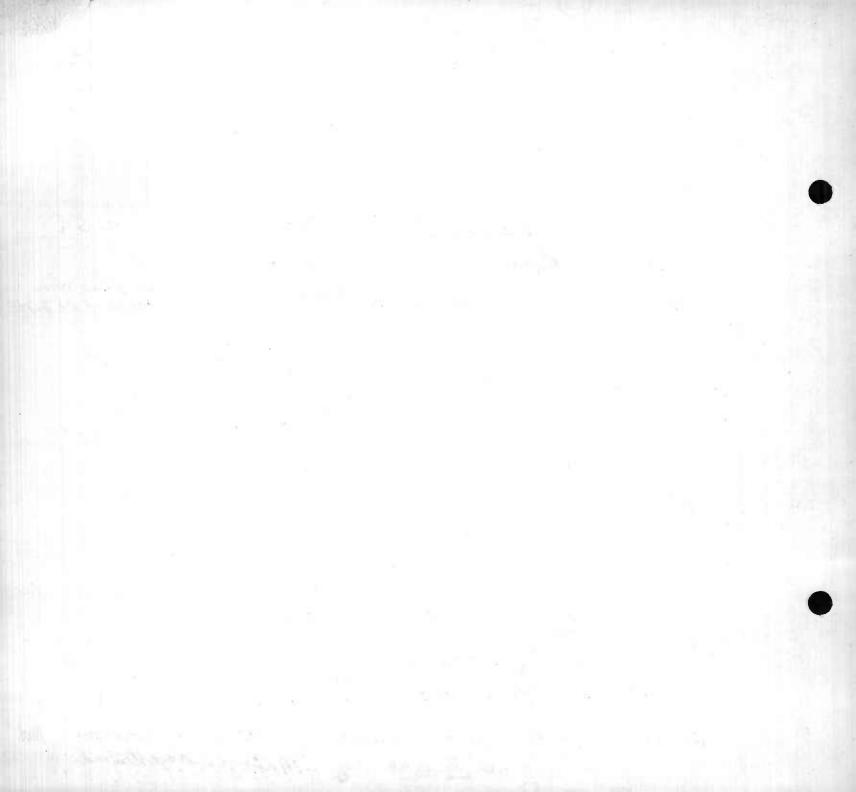
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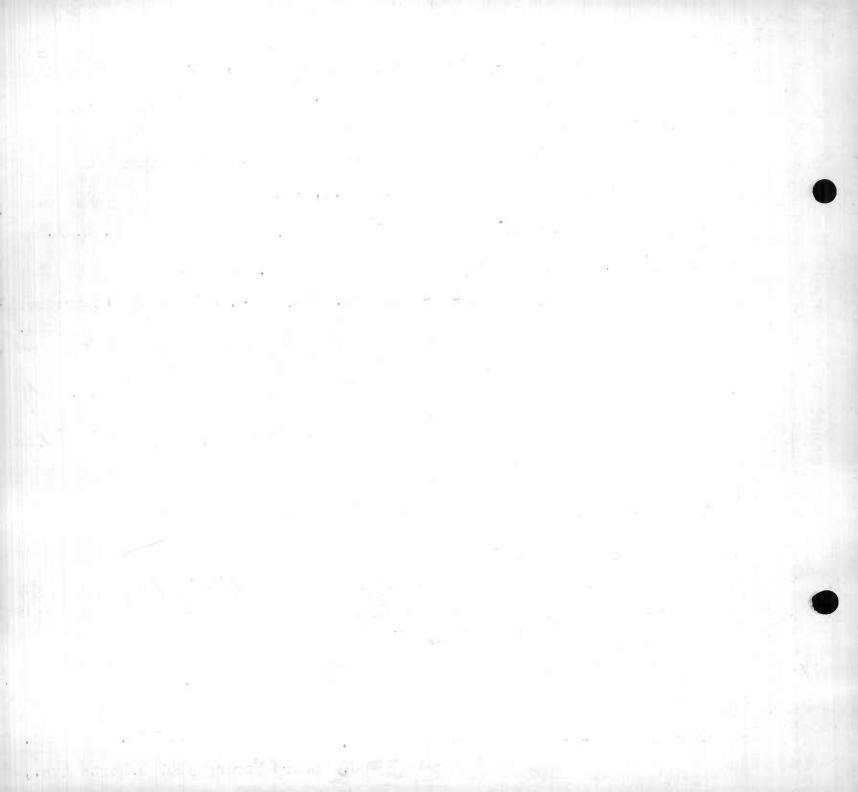
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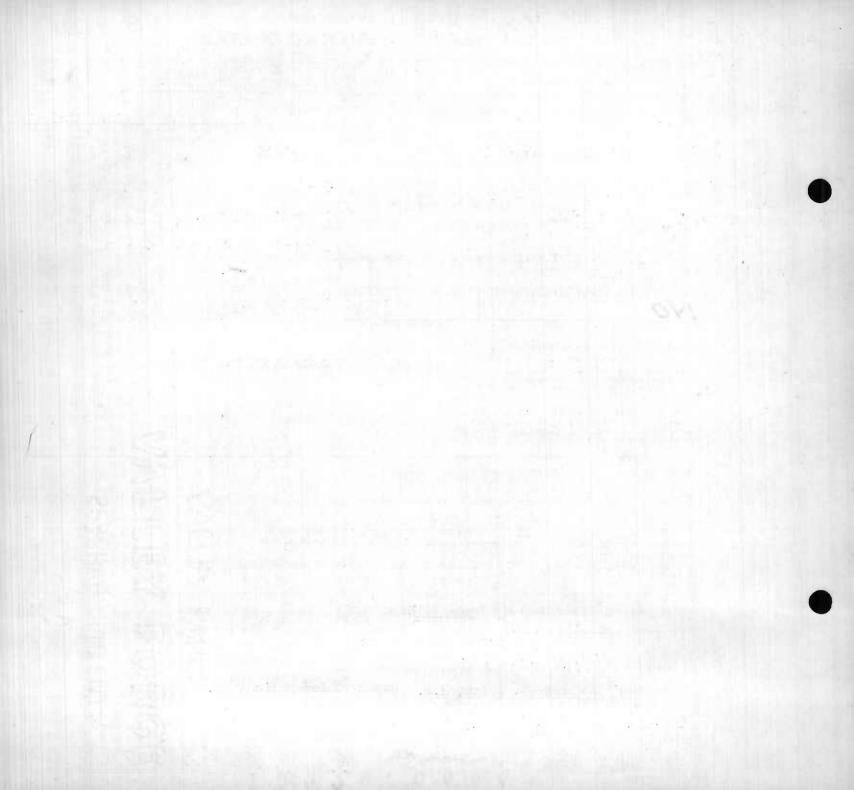


## 69 6690 BALTIMORE CITY HEALTH DEPARTMENT

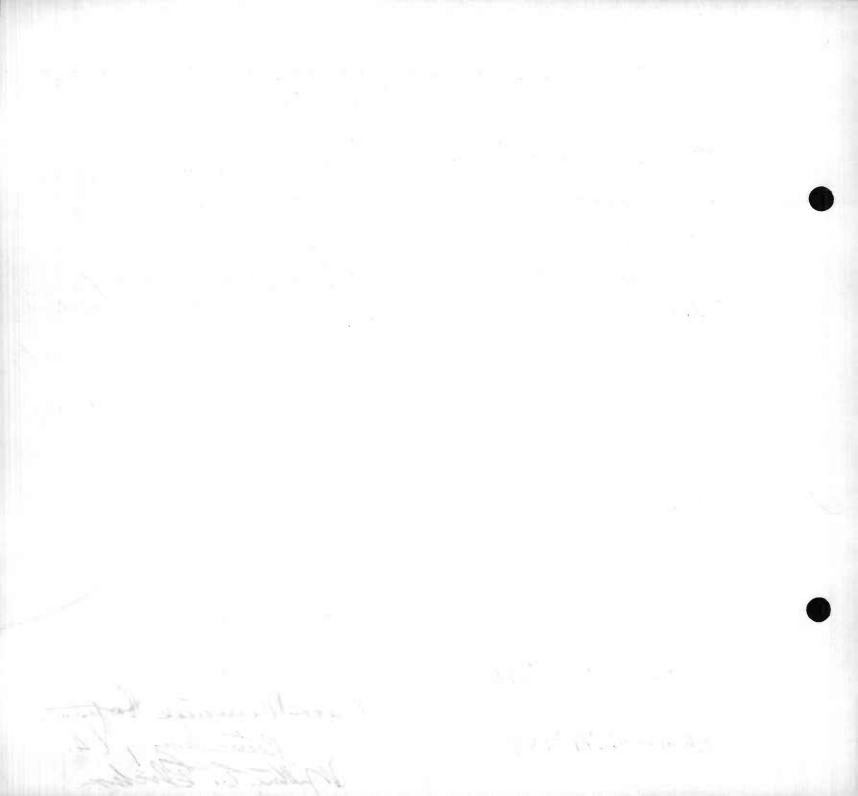
69 6690

MEDICAL	FYAMINER'S	CERTIFICATE	OF	DEATH
MILDICAL	FVVIAIII 4FI/ O	CENTILICATE		

BIF	TH NO.		11120				0, 1, 1, 0,		REG. NO.			
1.	NAME OF DEC	EASED				2. DATE	Known X	Month	Doy	Year	Hour	
(Ty)	e or Print)	TITOT	A TITT	TTAMO		OF	Estimoted					
4	DI ACE INI RALI		A WII		NOUNCED DEAD	3. DATE	Estimotes C	Month	Doy	Year	Hour	<u>M.</u>
							INCED DEAD	Month	Ббү	rear	11001	
HO	L NAME OF SPITAL	ADDRE	SS OR LOCA	TION)	JTION, GIVE STREET			July	1.	196	9 12:3	30ам
OR	INSTITUTION						SIDENCE (Where					
	39		1			A. STATE		E	. COUNTY	121	02	
-	/ /		dent H	ospita		C CITY OF	Maryland		D. INICIDE CI	TV LIBRATES	1.)	
0.	SEX	7. RACE		B. MARRIEL	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	IA FIWITA		
	Female	Co1o	red	WIDOWE	DIVORCED	Balt	.0.		YE	s 🗆	NO 🗌	
	ATE OF BIRTH		10. AGE (I	n yeors If	Under 1 Yr. If Under 24 Hrs.		ND NUMBER					7.11
	m = 111	1901	lost birthdo	y) M	onths   Doys   Hours   Min.							
19	Most	1066	1700		<u>i</u> i i		2_Druid_Hi	11 Ave	•			
N.	BIRTHPLACE (S	tote or foreig	n country)	12	CITIZEN OF	13. FATHER	SNAME	abal	T. 16	7		
1	THAN	host.	Mla.	,	WHAT COUNTRY?	7 1	LODA) V	98282	5011	mdes	van	7
144	USUAL OCCU	ATION (Giv	e kind ol work	14B. KIND C	F BUSINESS OR INDUSTR	Y 15 MOTHE	S MAIDEN NA	AE .	7-00	WIN CO	200	
	e during most of w					1// ()	1.1.00 (	7+1	-			
L		reelle				198	all 5	Men	n			
16.	WAS DECEASE s, no or yoknown)	D EVER IN	U.S. ARMEI	FORCES?	17. SOCIAL SECURITY NO.	IB. INFORM	MANT	1	AI	DDRESS	1	111
1.0	140	(11 yes, give v	wor or doles	OI SELVICE)	SECORITI 140.	2011	MILLAN	DEDAN	1150	2) 10	Eller	1/1/1
-	19.				CAUSE OF DEA	TH	10 Union	DOC 11		AP	PROXIMATE IN	TERVAL
	16 %	1/1			CAUSE OF DEA	///				BETW	EEN ONSET A	ND DEATH
	DISEASI	ORCOND	ITION DIRE	CTLY	(							
	ı	EADING TO	DEATH		ANIMMEDIATE	CAHEE Can	cinoma of	the 1	unce			
	(This does no	ot meon the	mode of dy	ing, e.g.,		AS A CONSEQ			uiig.			
	heort foilure, Injury or com	osthenio, etc	. It meons the	diseose,								
	injory or com	pheorion will	CII CODSEG GE	J,								
	AN	ITECEDENT	CAUSES		/p)							
	DISEASES C	RCONDITI	ONS, IF AN'	, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO THE	ABOVE CA	USE (A) STA	TING THE								
z	UNDERLYIN	IG CONDII	ION LAST.		(C)							
CERTIFICATION			11									
I₹			NDITIONS C	ONTRIBUTIN								
l 은	TO THE DEA			THE TERMIN	AL							
IIĒ					R WHICH OPERATION W	AS DEDECTE	FD			21 AUTO	PSY? (Yes o	or No.
崇	LUA. DAIL OF	OFERATIO	1 200. CO	NDIIIOIV FC	A WITHCH OF EXAMINING W	AS FERFORM	LD			21. AUTO	1311 /100	,
	9									NO		
EDICAL		VAL CAUSE		22	B. PLACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimore	City, give exo	ct locotion)		
片	UNDERLYING			ho	me, form, foctory, street, offic	e bldg., etc.) II	NJURY OCCUR?					
ME	UTING LI CAI			-> (11 >	22E.INJURY OCCURRED	1	2F. HOW DID IN	IIIBY OCCII	D2	-		
-	OF INJURY	Monin) (L	oy) (Yeo	(nour)			ZI. HOW DID IN.	JOKI OCCO	K1			
	(APPROX.)			m		VORK						
	23.											
	I certi	fy that I h	eld on I	nquiry 🔲	Inspection XX Au	itop sy	and that an tl	nis basis,	deoth In my	opinion		
							micide	H. J. A	ed manner	7		
	result	ed from N	la fura L cau	Ses 1-1						_		
	7	111	11	1/5	De	puty	CHIEF MEDICAL E	XAMINER A			DATE SIGI	NED
	ACTUAL SIGNATU	DE ///	BNN	100/	M.I.	ASSI	STANT MEDICAL E	XAMINER				
	EXAMINI	1 11 1	114	(/-	, m.i		CIATE MEDICAL E	YAMINED				
	NAME (T		Werner	· III Gr	itz, M.D. De	puty Ch	ief Medic	al Ex.	T11 T1	1, 19	260	
24	A. BURIAL CREA		4B. DATE		24C. NAME of CEMETERY			LOCATION		n, or county		te)
	MOVAL (Specif		S. DATE	. /	24C. NAME OF CEMETER	di CREMATC	240.	DOCAHOIT	City, low!	i, or county	(310	10/
	Run	0	July?	2/69	MKILIL	1hm/	10 m/ 9	1)00	LAKET	1/Ke	1	
26	A. DATE REC'D	BY HEALTH	DEPT	25P NA	ME OF REGISTRAR	250	FUNERAL DIRECTO	OR.	1	DDRESS	-	
23		1/	0		A	230.	O'TENAL DIRECT	1//	, ,	2750	10	0 500
		JUL 2	1969	فلينس	E. Faber, M.D.	. 1	HEGYI Y	Micke	1/1/1/1/	2911,	Caro	ws
Vs	151-REV. 1/1/6B		NATO	1 0	4 9 11 17	0	1. 0			1 1 1		
4 2	101-KET. 1/1/00			3	11 7 11	( ) Us	(1)					



		BALTIMORE CIT	Y HEALTH DEPARTMENT					
	BIRTH NO.	691 CERTIFICA	TE OF DEATH	REG. NO. 69	6694			
	1. NAME OF DECEASED (Type of Print)			HOUR OF DEATH				
	1 6.05 A M							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  A. USUAL RESIDENCE (Where deceded lived, If Institution: residence of the country of								
	FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	C. CITY OR JOWN	D. INSIDE CITY	LIMITS?			
	114.		Boltimore	YES [	_			
÷	Me Union Memoria	Hospilal	E. STREET AND NUMBER	, .				
ade		RIED NEVER MARRIED	8. DATE OF BIRTH 19.	AGE (In years If Uni	7/2/8			
E	Fomble near wido	WED DIVORCED	OC/22 /1920	birthdoy] Month	der 1 1. If Under 24 His.			
on is	10A. USUAL OCCUPATION Sive kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country)  12. C)	TIZEN OF WHAT COUNTRY?			
disposition	Manse wife		Winginia	,				
pos	13. FATHER'S NAME		14. MOTHERY MAIDEN NAME					
	15 Was December 19 19 19 19 19 19 19 19 19 19 19 19 19	man	Maggie A	on Crow	leci			
final	15. Was December Ever in U. S. Armed Forces? (Yes, no or uniform) (If yes, give wor or doles of sen	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 0	husband			
	118.	CAUSE OF DEAT	Mr. Nathier	Carler				
d or	DISEASE OR CONDITION DIRECTLY	CAUSE OF BEAT			BETWEEN ONSET AND DEATH			
E	LEADING TO DEATH (This does not meen the mode of dying,	LEADING TO DEATH						
pal	hear) lailure, osthenia, etc. I) means the distinjury or complication which caused death.	due to, or as	A CONSEQUENCE OF:		1			
E e	ANTECEDENT CAUSES	ades	scarerma	redum	and ho			
are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (Al stoling the							
	UNDERLYING CONDITION last.	(C)	***************************************		D.H.			
remains	Z OTHER SIGNIFICANT CONTRACT							
- 10	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL						
the	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20	OR, IF YES, WERE FINDING	S CONSIDERED			
ore	U 21 M A CCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in						
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	home, form, foctory, street, of	ice pldg. INJURY OCCUR?	(If In Boltimore City, gl	ve exact location)			
8	OF INJURY (Month) (Doyl (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?				
gine	(APPROX.)	While At Not While At Work						
opt	19 69							
Pe	that (I) (we) last saw the deceased alive		19 60 and that I	n (my) (our) apinian dec	oth accurred on the date			
must	and haur and from the causes stated obay							
Ē	1 (12)	Atter	nding Med. Staff		TE SIGNED			
۸۵	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director Phys		t*			
approval	NAME (Type)	about a service	ha - Ma	- 4	LAD.			
	24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCA	IJON (City, town,	or county) (Stote)			
Ten	REMOVED 7/2/68		Pit	es benny	, VA			
Written	11	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	-An1	ADDRESS			
1	VS 150-REV. 1/1/6B	BE. Japen M.D.	of Wylling	6. Elic	lange			
	-							

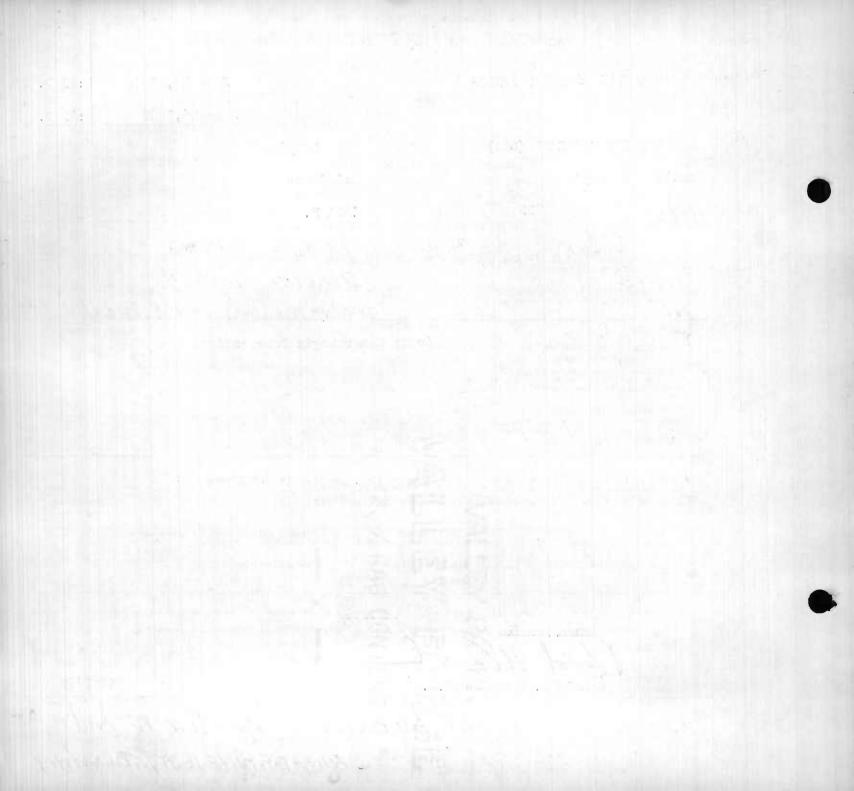


69 6692

MEDICAL EXAMINER'S (	CERTIFICATE OF DEATH REG. NO	
. NAME OF DECEASED	2. DATE Known X Manth Doy	V
Type or Print) KEVIN GREGORY	2. DATE Known X Month Doy OF Estimated June 27, 1969	Year Hour
I. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day	Year Haur
CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  RINSTITUTION	PRONOUNCED DEAD  June 27, 1969  5. USUAL RESIDENCE (Where deceased lived. If institution:	6:50 P <sub>M</sub>
Union Memorial Hospital	A. STATE B. COUNTY	907
S. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES	NO O
2. DATE OF BIRTH 10. AGE (In years lost birthdoy) 11-20-59 11-20-59 11-20-59 11-20-59 11-20-59	E. STREET AND NUMBER  2626 Cecil Ave.	
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
What country?	EdWIN GREGORY	
4A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME	
ane during most of working life, even if retired)	HELEN BRICE	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na or unknown)((If yes, give war ar dates of service)  17. SOCIAL SECURITY NO.	IB. INFORMANT ADI	DRESS
NO	HELEN GREGORY 2626 CEC	IL AYE,
19. CAUSE OF DEA	TH	APPROXIMATE INTERVAL
431717		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Multiple blumb injunies	
	AS A CONSEQUENCE OF:	******
heort failure, asthenia, etc. It means the disease, Injury ar camplication which coused death.)	AS A CONSEQUENCE OF:	
injury of compression which coosed desire.		
ANTECEDENT CAUSES (B)	<b></b>	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
11		
▼ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or Na)
6-27-69 Abdominal injury		No
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, form, foctory, street, offic	in or obaut 22C. WHERE DID (If in Boltimare City, give exact bldg., etc.) INJURY OCCUR? Hiller Road	
© UTING □ CAUSE OF DEATH. Street	of Havenwo	426 feet North
22D. TIME (Month) (Doy) (Yeor) (Haur) 22E.INJURY OCCURRED	22F. HOW DID IN HIRY OCCUR?	
	Pedestrian struck by	car
23.  I certify that I held an Inquiry Inspection XX Au	tapsy and that an this basis, death in my a	pinian
resulted fram: Natural causes Accident XX Suicid		
Testified italii. Italian cases — Accidental	CHIEF MEDICAL EXAMINER	
ACTUAL ( )	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D	),	
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER	6-28-69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	or county) (Stote)
REMOVAL (Specify) 17-1-69 ARBUTUS-	MEM, PARK ARBUTUS	nd,
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DRESS
JUL 2 1969 Res E. Faiber, M.D.	JOSEPH LUICHT - M.39 N	BRADONNA
4 9 0	MACH   MINT   - 1841 114	Olympia Piry

, UND "/, EGT . 27 - 212 - 72. ×: - 7they on the south and on the

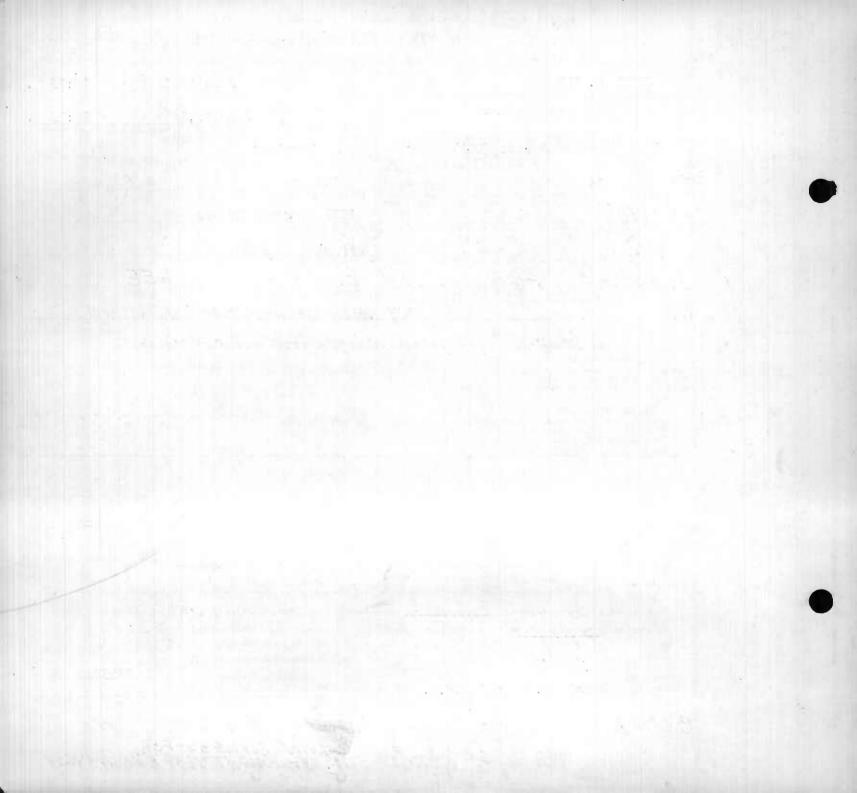
lau		CERTIFICATE OF DEATH REG. NO						
	I. NAME OF DECEASED		ear Haur					
	(Type or Print) EMMA HARRIS ( TAYLOR )	DEATH Estimated   June 26, 1969	2:45 P. M.					
3	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD June 26,1969	2:45 P. M.					
7	HOPKINS HOSPITAL (DOA)	S. USUAL RESIDENCE (Where deceosed lived, if institution; reside A. STATE  Maryland  B. COUNTY	nce befare odmission)					
1	6. SEX 7. RACE B. MARRIED NEVER MARRIED		ifs?					
1	Female Negro WIDOWED DIVORCED	Baltimore YES	NO 🗆					
	9. DATE OF BIRTH 11-13-35 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.							
1	11. BIRTHPLACE (Stote or foreign country)  12. CfTIZEN OF WHAT COUNTRY?	13. FATHER'S NAME THOMAS HARRIS						
1	14A.USUAL OCCUPATION (Give kind af work 14B. KIND OF BUSINESS OR INDUSTRI done during most of warking life, even if retired)							
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDRESS	5					
	(Yes, na arunknown) (If yes, give war or dates af service) SECURITY NO.	DOROTHY WILLIAMS 1408 E. BI	dALE ST					
1	19. CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY Acute	Hemorrhagic Pancreatitis	BETWEEN ONSET AND DEATH					
	LEADING TO DEATH (A)IMMEDIATE							
		AS A CONSEQUENCE OF:						
	injury ar complication which coused death.)							
	ANTECEDENT CAUSES (B)							
Н	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE							
	I UNDERLYING CONDITION LAST.							
1	OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	Metamorphosis of Liver						
ı	DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AU							
	22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g. home, form, foctory, street, offi	, in or about 22C. WHERE DID (If in Boltimore City, give exoct facation to bidg., etc.) INJURY OCCUR?	ian)					
	UTING CAUSE OF DEATH.  22D. TIME (Manth) (Doy) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY APPROX (APPROX )	22F. HOW DID INJURY OCCUR?						
	m. WORK AT	WORK L						
۱	23.  I certify that I held on Inquiry Inspection Autopsy Ond that on this basis, death in my opinion							
Н	resulted from: Wayurol couses X Accident Suici							
	11 1 2.1/ 10	CHIEF MEDICAL EXAMINER	DATE CICALED					
П	ACTUAL SIGNATURE ( wed ) ( auch m.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED					
	EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	6/27/69					
	24A. BURFAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or co	ounty) (State)					
	REMOVAL (Specify)  13 URIAL 7-2-69  MTAUA  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR	BURN BALTIMOR 25C. FUNERAL DIRECTOR ADDRESS	Md					
	256. NAME OF REGISTRAR  256. NAME OF REGISTRAR  256. NAME OF REGISTRAR		/					



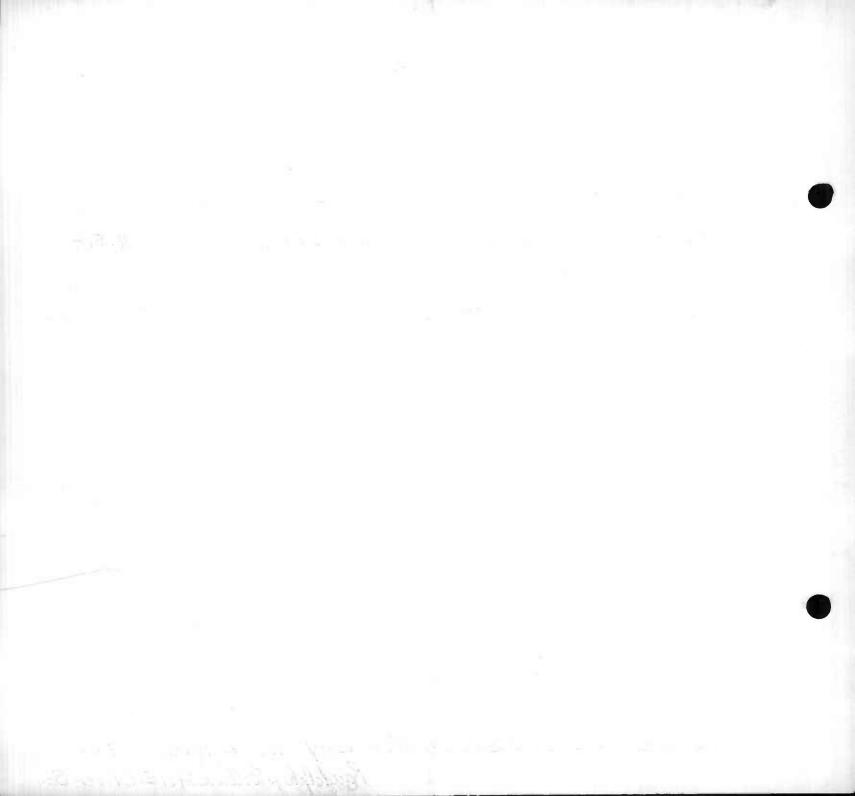
## 69 6694 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	69	669
FG NO	00	000

BIRTH NO	0.	REG. NO.
	OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or P	JOHN H. LEE	OF DEATH Estimoted June 25,1969 10:15 Am.
4. PLACE	IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAM HOSPITAL		PRONOUNCED DEAD  June 25,1969  10:15 Am.
OR INSTIT	UTION ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
00	1007 Homersond Assense (DOA)	A. STATE B. COUNTY
6. SEX	1907 Homewood Avenue (DOA)	Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	MARKIED LINEVER MARKIED	
Ma I	TIONED DIVORCED	Baltimore YES NO
9. DATE	OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER
9-1	8-1907 61	1907 Homewood Avenue
11. BIRTH	PLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
100	S. C. WHAT COUNTRY?	LIAN / FF
	AL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during	g most of working life, even if refired) A NICHAR- ( NIST CARE	FLANV LEE
16 WAS I	DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT/ ADDRESS
	supknown) (If yes, give wor or dotes of service) SECURITY NO.	
119.	0 215-09-7509	MABIAN BROWDER 4004 OAKFARD AVE APPROXIMATE INTERVAL
17.24	CAUSE OF DEA	BETWEEN ONSET AND DEATH
1	DISEASE OR CONDITION DIRECTLY Arterios	clerotic cardiovascular disease
	LEADING TO DEATH	AUSE
(Thi	is does not meon the mode of dying, e.g.,  DUE TO, OR A  DUE TO, OR A	AS A CONSEQUENCE OF:
inju	ury or complication which coused death.)	
	ANTECEDENT CAUSES	
DIS	\D/	AS A CONSEQUENCE OF:
RIS	E TO THE ABOVE CAUSE (A) STATING THE IDERLYING CONDITION LAST.	
Z  01	(c)	
ER THOUSE THE CATION ON THE CATION OF THE CA	II CONTRACTOR OF THE CONTRACTO	
S 10	HER SIGNIFICANT CONDITIONS CONTRIBUTING  THE DEATH BUT NOT RELATED TO THE TERMINAL	
DIS	GEASE OR CONDITION GIVEN IN PART 1 (A).	
S ZOA.	DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
1 100		no
Z 22A.		in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
	ERLYING OR CONTRIB-	e blug, ale, i work occor.
≥ 22D.	TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF IN		WHILE
23.	m. work Al w	
	I certify that I held an Inquiry Inspection Au	tapsy and that an this basis, death In my apinian
	resulted from: Natural causes 😠 Accident 🗌 Suicid	Hamicide Undetermined manner
		CHIEF MEDICAL EXAMINER
	ACTUAL X / Lel // //	ASSISTANT MEDICAL EXAMINER
	SIGNATURE M.D	
	EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER ( 0/25/69
	NAME (Type) Ronald N. Kornblum, M.D.	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVA	L (Specify)	(Stole)
12	UBIAL 1-1-69 AUBURN C	EMELERY BALTIMORE MA
25 A. DAT	E REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
100	JUL 2 1969 Robert E. Jarben, M.D	DASSAU WAICHT 1/29 N. BROOD WAY
VS 151-RE	0060 1000	DISELLANDELL LEST LINGUAGE HAT
10101-16		



BIRTH NO.	69	66	14.475	TE OF DEATH	REG. NO	69	6695
1. NAME OF DEC		SHA70	, JAMES F.		D HOUR OF DEATH	н	
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Whor	5-27-69	institution re	1.50 A A
FULL NAME OF HOSPITAL OR INSTITUTION			ITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTI		CITY 83
33 THE	JOHNS HOP	KINS	HOSPITAL	BALTIMORE E. STREET AND NUMBER		YES 📑	
5. SEX	6. RACE	7. MAPPIET	NEVER MARRIED		STON STR		21213
MALE	NEGRO UPATION (Give kind of work	WIDOWE			ast birthday)		l Yr. If Under 24 Hrs. Doys Haurs Min.
Farme	working life, even if retired)	501	<u>r</u>	W/2 2 de d : 2 /2	N A	12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NA	ME	00.77		14. MOTHER'S MAIDEN NAM	IE.		13,17,
	ORGE DESHA			IDA			
(Tes, no or unknown)	Ever in U. S. Armed Farc	al service)		17. INFORMANT	,		ADDRESS
18.	0 1/ 1/ 0/	- 1 12	241-12-5905 I   CAUSE OF DEATH	Mrs Ada. Smi	+102631E	. Pri	APPROXIMATE INTERVAL
DISEASES O	ANTECEDENT CAUSES  R CONDITIONS, if a above cause (A) CONDITION lost.	TRIBUTING	(c)	a CONSEQUENCE OF:	Viale A.	, nest	the lake
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF	DUDILION GIVEN IN PART	TION FOR	WHICH OPERATION	20A. AUTOPST? (Yes or No.)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS OF DI	CONSIDERED EATH?
OR CONTRIBUTE	T WAS UNDERLYING TING CAUSE OF	21 i hor etc	RPLACE OF INJURY (e.g., in ne, (orm, (actory, street, olf J	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(il In Boltimar	re City, give	exoct locotion)
DEATH (notify)  21 D. TIME OF INJURT (APPROX.)	(Manth) (Day) (Teat)	- 1	INJURY OCCURRED  At Work  At Work	21 F. HOW DID INJU	RY OCCUR?		
	that (this hospital) lost saw the deceased			19 6 9 and above	69 to	6,	127 19 67
				ew the body after deoth.	In (my) (out opl	nion deoth	occurred an the date
23A. SIGNATUR	E Egli	1	Atten	ding Med. S	of Service Control	23 B, DATE	SIGNED // 9
23COPHYSICIAN NAME (Ty		LESTO	2	BD. ADDRESS.		11	12/01
REMOVAL (SE	AATION 248 DATE		AME OF CEMETERY OF CREA	MATORT 24D. COC	ATION (Cit	ly, lown, of	caunty) (State)
Remova 54. DATE REC'D	BT HEALTH DEPT. 2	3 11/16 58. NAME (	E. Jaben M.D.	25C, FUNERAL DIRECTOR	dsdale	, /	N. C.
S 150-REV. 1/1/6		المنافض ا		Voudales Vice	ollect 243	IE,O	Liver St.



M->	30	BALTIMORE CITY HEALTH DEPARTMENT
P. T	sed the chi	BIRTH NO. 69 6696 CERTIFICATE OF DEATH X REG. NO. 69 6696
Seco	Su	1. NAME OF DECEASED DETOTES  (Type or Print)  ADA MAST  2. DATE AND HOUR OF DEATH  VILLE 25 100 8
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission B. COUNTY	
a hospital		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET BELAIR MARYLAND 6232
a in a		INSTITUTION  C. CITY OR TOWN . D. INSIDE CITY LIMITS?  BELIALR YES X NO
0	h .	5 SET KRACE 5
h occurre	etermined n regular sceased p	WIDOWED DIVORCED 14-25-9/ WIDOWED DIVORCED 17-25-9/ WIDOWED DIVORCED 17-25-9/
5 0	9 - 9 -	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (State or foreign country)
deat	B B	OWNER APARTMENT HOUSE VIRGINIA TENN. USA
IT if	(4) × + + specification	& John E. MADON & Olle S. REESE
2 50	0 5 0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.
IMPORTAN r his assistant Also, if the di	y kind; I death ance on final d	NO 216-46-0061 VANA NELSON 119 STONELEIGH
APO his a	an)	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY
IN Por I	0 3 + 0	LEADING TO DEATH
		(A) IMMEDIATE CAUSE ACUTE MYOCARDIAL INFADY heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)  (A) IMMEDIATE CAUSE ACUTE MYOCARDIAL INFADY DUE TO, OR AS A CONSEQUENCE OF:
TOR	ho pro egular emba	ANTECEDENT CAUSES  (B) ARTERIOSCLEROTIC HEART DISEASE
DIREC	medical exammedical examing burns; (3) A from physician who an was in region remains are expensively.	DISEASES OR CONDITIONS, if ony, giving isse to the obove couse (A) stoling the UNDERLYING CONDITION last.  (C) (C)
AL nedic edic		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFITING CAUSES OF DEATH?
FUNER e chief u by a m	2) Body re the p physici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH?
Fl y the ital b	where (2) No ph	OR CONTRIBUTING CAUSE OF home, form, foctory, street office bldg., INJURY OCCUR?
ved b	atu (6) ined	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While At Work
he	and obtain	22. I certify that (1) (this hospital) attended the deceased from Inc. 8 19 69 to Inc.
do ot	00.0	that (1) (we) lost saw the deceased alive an fune 29 19 69 and that In(my) (aur) apinion death accurred an the date
e d	pit eat ust	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
must eleas	유무	Coraton Z Vergara M. 7. Attending Med. Director Phys. Director Director Phys.
cate vas r	A. at prior	23C. PHYSICIAN'S NAME (Type)  CORAZON Z. VERGARA M.D. Church Home: Hopital
certific	O.A.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, 10wn, or county) (Stole)
bod	0 S P	Burial July 2,1969 BELAir MEmorial Gardens BELAir Harford Co, Manyland 21014
This the l	shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR WINDOWS ST.
		VS 150-REV. 1/1/68  BEI this Thanking 2014

Male Todal Santa Santa Control of the Santa Control

Shirla Millerin

show Was

REMOVAL (Specify) written Burial St. Pauls Cemetery Fulton, Howard Co., Md. 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 25B. NAME OF REGISTRAR VS 150-REV. 1/1/6B

Called hospital no operation performed during this admission. I.

VS 150-REV. 1/1/68

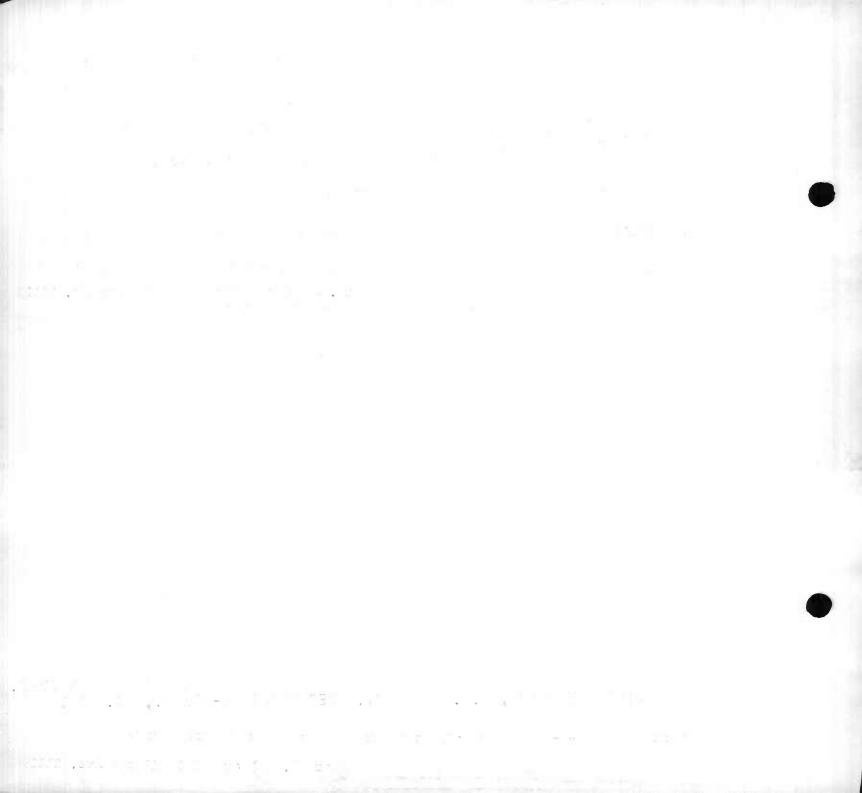


and the property of the proper Visa C 3 E.L. Parker I to street I take to the ever 

	64 67111	CITY HEALTH DEPARTMENT		CO 0700
BIRTH NO. M.E. CASE NO.	CERTIF	ICATE OF DEATH	Registered No.	03 0700
Type or Print)	NELLIE		SIZA GE	11.45
3. PLACE OF DEATH IN BALTIMO		4. USUAL RESIDENCE (Whe	re deceased lived. If inst	
	hospitol or institution, give street ir location)	C. CITY OR TOWN (IF OU	rd	JRAL and give township)
1 . 1	ft 4 Dein	Baltimo		
o Jeansen So	juace, Hospilal	D. STREET ADDRESS (IF	rurol, give location)	21213
5. SEX 6. RACE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months Doys Hours
	d of work 108, KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even i	retired	Maeyla	ud	Anereica
13. FATHER'S NAME	k 14:	14. MOTHERS MAIDEN NA		.,,
-God hvey	Lange Cutting	sarah	Finches)	
15. Was Deceased Ever in U. S. A. (Yes, no or unknown) (If yes, give wo	med Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	J.M.C.	ADDRESS
Nove	9 0/	Clarence L. P	arks 1342 Jan	mes St. 21223
18.44.34.91		JSE OF DEATH		INTERVAL BETW ONSET AND DE
DISEASE OR CONDITI		PUA Pha	11 billah	
(This does not mean the n	(A)	cut amo	wor war	66
heart failure, asthenia, etc. It	I means the disease,	CHE.	, 0	
ANTECEDENT O		· · · · · · · · · · · · · · · · · · ·	-0 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
DISEASES OR CONDITION		0		
rise to the obove cous	se (A) sfoling the (C)			
II	1994			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CA	OT RELATED TO THE			
U 19A. DATE OF OPERATION 1	98, CONDITION FOR WHICH OPERATION VAS PERFORMED	20 A. AUTOPSY? (Yes or No	ON CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE DEATH (notify medical examine		(e.g., in or obout 21 C. WHERE DID leet, office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy)			URY OCCUR?	
(APPROX)		While Work		
22. I certify that (1) (this h	nospital) attended the deceased from	6/25/	19 69 to	6/29 / 19
that (1) (we) lost saw the	leceosed olive on 929	19 65 and th	at In(my) (our) opini	ion deoth occurred on
and have and from the cous	ses stated obove. (I) (We) (did) (did	not) view the body after death.		
23A. SIGNATURE				238. DATE SIGNED
Sue	moter. M.D	Attending Med. Phys. Director	Stoff Phys.	5/29/69
23C. PHYSICIAM'S NAME (Type)	URINDER	M.D. 23D. ADDRESS	4.	
24A. BURIAL CREMATION, 24B. E	DATE 24C. NAME of CEMETERY	or CREMATORY 24D. L	OCATION (City	, town, or county)
REMOVAL (Specify) Burial 7-	2-69 Loudon Park	Cemetery	Baltimore, M	aryland
25A. DATE REC'D BY HEALTH DE	PT. 25B NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
aur a	1969 Varia E. Jarben 1	Howard H. Hu	bbard 4107 W	ilkens Ave. 2
VS 150-REV. 1/1/65				

т.

1		68	9 67	01 CERTIFICA			REG. NO.	59	6701	
BIRTH 1. NAM	NO. ME OF DECEAS	D		CERTIFICA	(IE OI		ND HOUR OF DEATH			
(Type	or Print) POP	FREDERI	CK KAR	L		JUN	-		t T	7:30A
FULL	NAME OF	ORE MARYLAND, VIII NOT IN HOSPIT ADDRESS OR LOCK OF AGNES CATON & W BALTIMORE	TAL OR INSTIT ATIONI HOSPIT ILKENS	UTION, GIVE STREET AL AVENUE	MAR c. city o BALT	RESIDENCE (Who B. COUI) YLAND R TOWN I MORE AND NUMBER	ere deceased lived. If in	YES	20 CLIMITS?	fore admission
5. SEX		ACE			8. DATE O			1223		
	MALE	WHITE	WIDOWED		02/2	5/97	9. AGE (In years lost birthdoy)	Months	Doys Ho	Under 24 Hrs. Win.
done de	SUAL OCCUPAT	ION (Give kind at war	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHP	LA CE (State or fore	ign country!	12. CIT	ZEN OF WH	AT COUNTRY
	RALL ROA	The second	RAI	LROAD	MAR	YLAND		Į	JSA	
	OHN POF	PP P				ER'S MAIDEN NA A MILLER				
(Yes, no	orunknown) (il y	In U. S. Armed For	ces? s ol service)	1 6. SOCIAL SECURITY NO.	17. INFORA				ADDRESS	
18.	10			705 07 649			OSP CATON		ILKENS	AVE
(Ti	DISEASE O LEA his does not n out foilure, asth	R CONDITION DI DING TO DEATH seen the mode of enio, etc. It means	dying, e.g.,	(A) IMMEDIATE CAL	ISE	-	loy arrest	2		ATE INTERVAL SET AND DEATH
inj	jury or camplice	lion which coused	death.)			0	0:0	İ		
l l		CEDENT CAUSES		(B) DUE TO, OR AS		es mel	atus		****	****
ris	e to the al	ove cause (A)	any, giving stoting the			· V· D.				***************************************
A DIS	THE DEATH BU	T CONDITIONS COIL T NOT RELATED TO TITION GIVEN IN PAR	TETERMINAL	***************************************						
F 19A	DATE OF OPE	RATION 198 CON WAS PER	DITION FOR V	WHICH OPERATION		TOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS USES OF	CONSIDEREDEATH?	D
OR	A ACCIDENT W CONTRIBUTING ATH (notify medi	AS UNDERLYING COUSE OF	21B, hometca	PLACE OF INJURY (e.g., li e, farm, foctory, street, of	or obout 21	C. WHERE DID	(If In Boltlmore	e City, give	e exoct locati	an)
21C	PPROX.)	nth) (Doy) IYeorl		INJURY OCCURRED  le Al  Not While k  Al Work		F. HOW DID INJ	URY OCCUR?			
22.	I certify that	() (this hospital	attended th		6/28/	69 1	19to06/	29/6	9	_19
				06/29/69	19	and the	ot in (my) (our) opin			
and	hour and fran	n the causes stat	ed above. XI	(Me) (qiq) (me) (A)	lew the ba	dy after death.				
	SIGNATURE	Sheims	. N:	DEGREE Phys			Shaff Phys.		29 6	9
230	NAME (Type)	. SHAMS	M.D.	2	ST A		P CATON &	WIIK	ENS A	VF
24A. BL	JRIAL CREMATI			DEGREE ME of CEMETERY OF CRE				y, town, o		(State)
_	emoval (Specify Burial	7-2-69		Pauls Luthers			ltimore, Ma:			(31016)
	ATE REC'D BY H	EALTH DEPT.	25B NAME O	F REGISTRAR	25C, FU	NERAL DIRECTOR			ADDRES	
		JUL 3 1969	Jaber	E. Jaber M.D.	Howa	and Ho Hub	bard 4107 W	ilken	s Ave.	21229

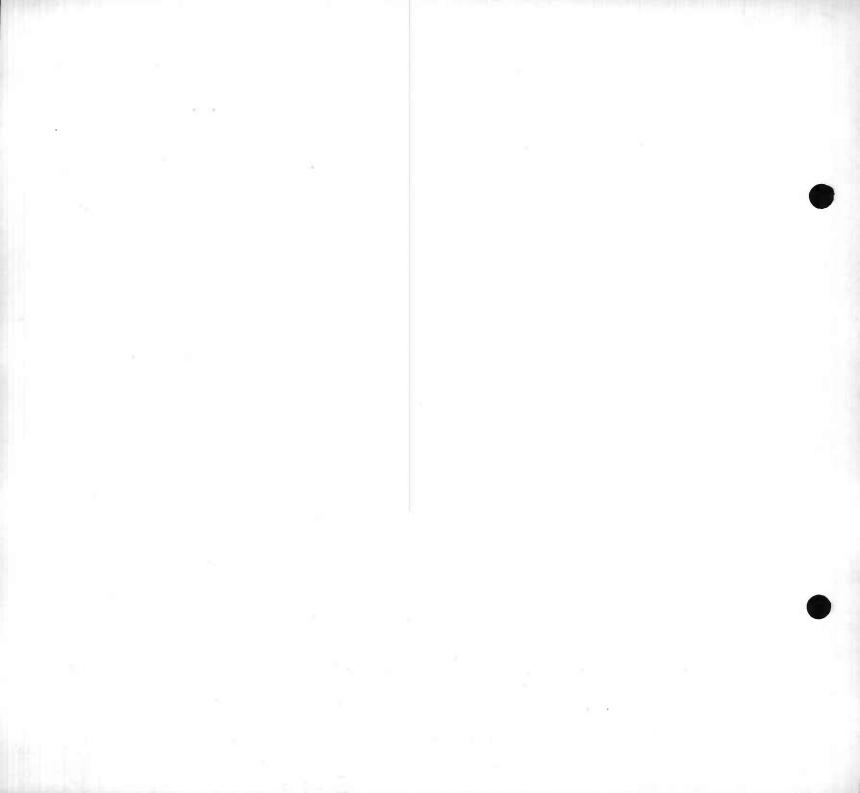


DIDY		69	67		TE OF DE		REG. NO	69 6	703
	H NO.						HOUR OF DEATH		
	e or Ponti	GIMELLI	. MICH	AEL JOHN	2	JUNE	29, 196		8.20 Pu
3. P	LACE IN BALTIMORE				4. USUAL RESIDE	NCE (Where	deceased lived. If i	nstitution; reside	ence before admission)
HO	DITUTION AD	DRESS OR LOCA	TION)	UTION, GIVE STREET	MARYLAN C. CITY OR TOWN	ND	HOU S	212	
1		AGNES HO			ELKRIDO			YES 🗌	ио 🛚
	BAL	ON & WILL	MARYL	AND 21229	50 HUN		ROAD		
5. SI			7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	las	AGE (In years 1 birthday)	If Under 1 Months Doy	Yr. Il Under 24 Hrs.
		ITE	WIDOWED [		06/08/8	83	86		
done	USUAL OCCUPATION during most of working li	(Give kind of work)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or loreign	country)	12. CITIZEN	OF WHAT COUNTRY
	LABORER		CEME	NT WORKER	ITALY			U.5	S.A.
13. F	ATHER'S NAME				14. MOTHER'S MA	AIDEN NAME			
	IICHAEL GI	F1076 437 1	6315		PHILIPI	NA M	ATZA		
15. W	vas Deceased Ever in no or unknown) (II yes.	U. S. Armed Farc give wor or dotes	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			AD	DRESS
N	10			079-10-5822	ST AGNES	RECO	RDS CATO	N & WIL	KENS AVES
	DISEASE OR C	/ I	ECTI V	CAUSE OF DEAT	Н				PPROXIMATE INTERVAL ZEEN ONSET AND DEATH
		G TO DEATH	CILI	AND HAMEDIATE CAL	" 4.T. B	leade	wa du	atr.	
	(This does not meon heart failure, osthenia	the made at	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE O		000	27.9	
	injury ar complication				0.0000	10000	n + 1	a c mado	u la
		DENT CAUSES		(B)	shageal		20 0	econdo	J
	DISEASES OR CON			DUE TO, OR AS	A CONSEQUENCE	Of:			
	UNDERLYING COND	OITION last.	awang and	(c) +0	emer ce	ishos	6 sec	onagy	1 10
	OTHER SIGNIFICANT C			Ob	zwellou	duce	stor	100	
AT	TO THE DEATH BUT NO	N GIVEN IN PART	1 (A).	***************************************					
ERTIF	9A DATE OF OPERAT	WAS PERFO	DRMED	VHICH OPERATION	YES	1	OR IF YES, WERE N CERTIFYING CA	FINDINGS CO USES OF DEA	NSIDERED TH?
CAL	DEATH Inotify medical	CAUSE OF	21 B. home elc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or about 21 C. WHE ffice bldg., INJURY O	RE DID OCCUR?	(il In Baitima	re City, give ex	oct location)
3 6	DE INJURY APPROX	(Doy) (Year)		INJURY OCCURRED		V DID INJUR	OCCUR?		
			Worl	K AT WORK					
	2. I certify that (1) hat (1) (we) lost sa				JUNE , 25,		69 to JU		19_69_
				((We) (did) (dil) (eW)			in/tusk) (ont) obi	nion deoin o	ccurred on the date
2	3A. SIGNATURE	MATORI	1 00000.	V(ue) (ata) Adid Wat) A	lew the bady atte	er death.		23B, DATE SI	GNED
	/	Millone		MD Atte	nding Med.	Stor D Sto	ff. 🗖		
2	NAME (Type)	auma	MAF		23D. ADDRESS	- 711	3. —	1	
24A.	BURIAL CREMATION, REMOVAL (Specify)			ME of CEMETERY OF CRI	MATORY	24D. LOC	ATION (C	ly, lown, or co	unty) (Stote)
	Burial	7-3-69		Peter's Ceme	tery	Osw	ego, New Y	Tork	
25A.	DATE REC'D BY HEA	LTH DEPT.	25B NAME O	F REGISTRAR M.D.	Howard	DIRECTOR			Ave. 21229
100	FO BEN 3/1// B								

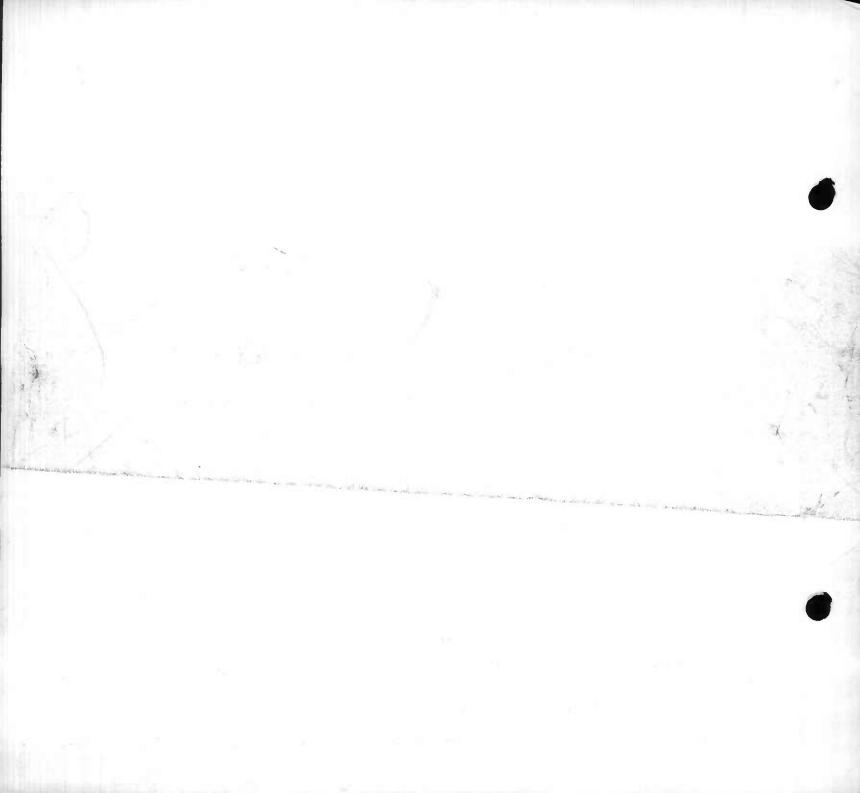
MILLER HO

see a symmetry

0	-2554-	69 6704 CERTIFICATE OF DEATH REG. No. 69 6704
	and eath ased the Such	BIRTH NO. 697/18/2
	7 4 6	1. NAME OF DECEASED (Type or Print)  BABY BOY JOHNSON  2. DATE AND HOUR OF DEATH  1 2 6 6 1 1 2 6 6 6 1 1 2 6 6 6 1 1 2 6 6 6 1 1 2 6 6 6 1 1 2 6 6 6 1 1 2 6 6 6 1 1 2 6 6 6 6
	pita of Dec ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
	hosp use (5) and dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR HOSPITAL OR INSTITUTION A. A. A. G. INSTITUTION D. INSIDE CITY LIMITS?
	in Bath	THE JOHNS HOPKINS HOSPITAL  ANNAPOLIS  E. STREET AND NUMBER  ON A CHARLES OF THE STREET AND NUMBER
	- 2 0 D	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. , If Under 24 Hrs.
	occu ontri ermi regu ease	MALE NEGRO WIDOWED DIVORCED 5-28-69 IOST (SITTED OF WILLY COLUMNESS OR INDUSTRY 11), BIRTHPLACE (Stote or foreign country) 112 CITIZEN OF WHAT COLUMNESS
	or or or or or or or or or or or or or o	done during most of working life, even if retired)
	nt if death direct or c j; (4) Undet th was in on the dece	13. FATHER'S NAME
Z		ANDREA JOHNSON 15. Was Deceased Ever In U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
PORTAN	治中本中の活	(Yes, no or unknown) (If yes, give wor or dotes of service)  10. SOCIAL SECURITY NO.
IMPO	any if	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL
••	1 . 7 0 . 5	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which coused death,)
TOR	Francis de la constantina della  ANTECEDENT CAUSES (B) prema funda	
DIRECT	(3) (3) in v	DISEASES OR CONDITIONS, if any, giving fise to the above couse (A) stoling the UNDERLYING CONDITION lost.  (C)
AL	B.E. Z. S.E.	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 [A],
FUNER	Sich ed	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION YES 19A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
I	ved by the c hospital by nature; (2) B ept where t i (6) No phy	OR CONTRIBUTING CAUSE OF home, form, fociory, street, office bidg., INJURY OCCUR?
	roved b he hosp ny natur xcept w and (6) btained	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Work At Work
	the the my nexce and obtain	22. I certify that (I) (this hospital) attended the deceased from 10/28 19 to 10/29 19
	00000	that (i) (we) lost saw the deceased alive an 10/29 19/69 and that in (my) (our) opinion death occurred on the date
,	9 m + + -	and hour and fram the causes stoted obave. (1) (We) (did) (did not) view the body ofter deoth.
	30.55	23A. SIGNATURE  Attending Phys.  Attending Phys.  Attending Phys.  Attending Phys.  Director Phys.  23B. DATE SIGNED  6/29/69
	ifficate my was ref (1) An acc (2) A at a l d prior to	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	W. (A. Ipr	RIN.SHELF OFFMATION 1248 PATE OF THE JOHNS HOPKINS HOSPITAL
,	bes on	24A. BURIAL CREMATION, 24R DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)  Cremation 6/29/69 The Johns Hopkins Hosp 601 N. Broadway Balto Md
	This certif the body shows: (1) was D.O.A deceased written ap	TA DATE MED ON HELD TO BE STATE TO STAT
	the show	111 3 1969 Week & Week Andrews Control of HOSPITAL DISPOSAT.
		VS 150-REV. 1/1/68



312	00 0100	ATE OF DEATH REG. NO. 69 6705
Such as a	NAME OF DECEASED	2. DATE, AND, HOUR OF DEATH
	Type or Print) RICKY PETTIBONE	6/29/1C-105 1 A
3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) A. STATE B. COUNTY
ŀ	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND HARFORD C. CITY OR TOWN ID. INSIDE CITY LIMITS?
1		FDGEWOOD YES TO NOT
	33THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER  2303 ROTH ROAD
5.	SEX 6. RACE 7. MARRIED NEVER MARRIES	8. DATE OF RIPTH 19 AGE II wasse THE Harden I V. II II LOCALI
4/	MALE WHITE WIDOWED DIVORCED	1 6-28-69     : : 19: 66
de	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI one during most of working life, even if relired)	Y 11. BIRTHPLACE (Stota or (oreign country) 12, CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	LAWRENCE PETTIBONE	SHEILA WARNETT
1.5 (Y	5. Wes Deceased Ever in U. S. Armed Farcas? (es,no or unknown) (If yes, give wor or dotes of service)  1 6. SOCIAL SECURITY NO,	17. INFORMANT ADDRESS
_	lie Aug a Aug a Aug	
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	
	haort failure, asthania, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	phragmatic Hernia
	rise to the above cause (A) stating the	A CONSEQUENCE OF:
	UNDERLYING CONDITION last, (C)	***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
		20A-AUTOPSY2 (Yes or No)  20B. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	16/28/69 WAS PERFORMED DIAPhrag mutic Ikrnin	IN CERTIFYING CAUSES OF DEATH?
CALC	OR CONTRIBUTING CALLES OF	in or about 21C. WHERE DID  flice bldg., INJURY OCCUR?  (II In Baltimara City, give exoct lacation)
MEDIC	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
×	OF INJURY (APPROX.) While At Not Whi	le 🖳
	22. I certify that (1) (This-hospital) attended the deceased fram	6/28 19 69 10 6/29 19 69
	that (I) (we) last saw the deceased alive an 6/29	19 69 and that in (my) (our) apinian death accurred an the date
	and haur and from the causes stated obave. (1) (We) (Att) (did not)	view the bady after death.   238. DATE MGNED
	Ph. OF CASE Ph.	ending Med. Stoff Th
	23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS
24	14. BURIAL CREMATION, 1248. DATE 124C. NAME OF CEMETERY OF CE	Suhns Hopking Hospital EMATORY (240) LOCATION (City, town, or county) (Stote)
	REMOVAL (Specily)	ins Hosp. 601 N. Broadway, Balto., Md.
	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	441 8 1969 Robert E. Jacker Je D., 5 150-REV. 1/1/68	HOSPITAL DISPOSAL



0 0	. 69	n /# in	Y HEALTH DEPARTMENT	REG. NO.	69 6700
BIRTH NO. Columb	ca, S.C.	CERTIFICA	ATE OF DEATH	KEG. NO.	00 0700
1. NAME OF DECEASED (Type or Print)	rlton D	ouglass Cor	1ey 2. DATE AN	D HOUR OF DEATH	160:35 P
3. PLACE IN BALTIMORE	MARYLAND, WHERE	RONQUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admission)
FULL NAME OF OF	NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	11 0 . 11 0	reliva	V-37
INSTITUTION	DORESS OR LOCATION)	(1)	C. CITY OR TOWN		IDE CITY LIMITS?
adohns	Hopkins	Itaspital	rmo		YES NO
33	0		E. STREET AND NUMBER	28-4	
5. SEX 6. RAC	// ma	RRIED NEVER MARRIED		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
104 110141 0001104 7101		OWED DIVORCED DIVORCED DIVORCED DIVORCED	12 28 68		6 2
done during most of working i	ife, even if retired)	ND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (Stolo or fores	ign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME	
JOHO	HEDY	V ESKEW	FRANCI	és (	orley
S. Wes Deceased Ever in Yes, no or unknown) (If yes,	U. S. Armed Forces? give wor or dotes of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS BOYCE
No		W	FrancE.	5 (01)	PV IRMO S.C
18. 320.	21	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ONDITION DIRECTLY		Cardinal	p I	
(This does not mea	the mode of dying.	e.g., (A) IMMEDIATE CAI	A CONSEQUENCE OF:	Residents	<u> </u>
injury of camplication	, etc. li means the dis which caused death.)	edse,	Ar	rest	10 minuse
	DENT CAUSES	H	lu tuno h	Men	
	ADITIONS, if any,	oiving DUE TO, OR AS	A CONSEQUENCE OF:	/ Colinge	1 5.
tise to the abov	cause (A) stating	the			
ONDERLING CON	DITION IOSE	(c)			
OTHER SIGNIFICANT C	II ONDITIONS CONTRIBU	IING			
TO THE DEATH BUT N	OT RELATED TO THE TERM IN GIVEN IN PART 1 (A).	INAL	***************************************		
OTHER SIGNIFICANT OF TO THE DEATH BUT IN DISEASE OR CONDITION 1994 DATE OF OPERATE OF THE DEATH	ION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? IYes of No.	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
			Yes	IN CERTIFIENG CA	USES OF DEATH?
OB CONTRIBUTION	CAUSE OF	21 B. PLACE OF INJURY le.g., i home, form, factory, street, o etc.)	n or about 21C. WHERE DID	(If In Boltimor	e City, give exoct locotion)
DEATH (notify medical  21D-TIME (Month)  OF INJURY	(Doy) (Yeor) (Hour		21F. HOW DID INJU	URY OCCUR?	•
IAPPROX.)		While Al  Not While Work  Not Work	• 🗆		
22. Learnify sheet (1)	(able-bossiasi) essen	ded the deceased from	1 1	9 67 to	130 1969
	w the deceased alive		119		7
		011	die in the second secon	or in (my) (our)-op!	nian death occurred on the dat
23A. SIGNATURE	ue conses stated apa	ve. (I) (We) (did) (did not)	riew the bady after death.		DAR DATE SIGNED
d)ans	d Wall	En MD AH	ending Med.	Staff 15.7	23R DATE SIGNED
23C. PHYSICIAN'S		DEGREE Phy	Med. Director  23D. ADDRESS	Staff Phys.	6 30 61
23C. PHYSICIAM'S NAME (Type)	d W21	let MD	Johns H	taptins	Hospital
24A. SURIAL CREMATION REMOVAL (Specify)		4C. NAME of CEMETERY of CRI	V		ly, town, or county! (Stote)
REMOUAL	7-2-69	Old Grove	CEM. I	RMD	South Carolin
		ME OF REGISTRAR	25C. FUNERAU DIRECTOR	0 1	ADDRESS
JU	L3 1969 3	Bert E. Jaber, M.D.	O (Gelby 2	Seone.	Proster of
S 150-REV. 1/1/68			The state of the s	- June	and the start of

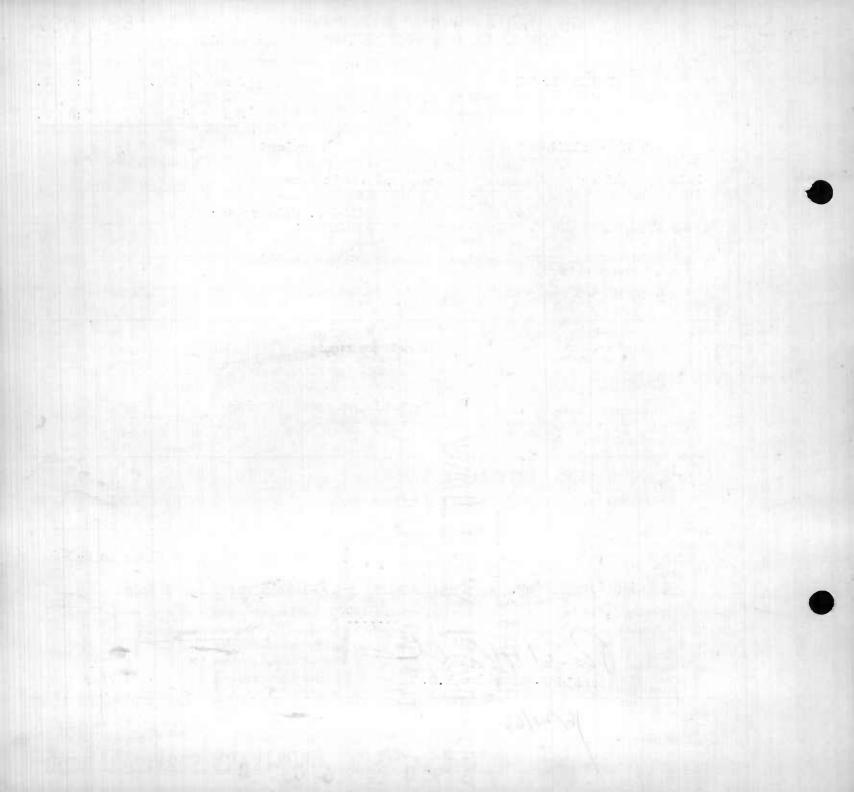
David (Miller MI)

## 69 6707 BALTIMORE CITY HEALTH DEPARTMENT

69 6707

00			
MEDICAL	EY A MINIED'S	CEDTIFICATE	OF DEATH
MILDICAL	LVWMIIIATK 2	CLKIIIICAIL	OF DEATH ME AL

BIR	TH NO.									RE	G. NO			
	NAME OF DEC	GEOR	GE HAS	KINS			2. DATE OF	Knawn   Estimated	Month June		1969	Year	Hour 2:40	P. M.
4	DIACE IN BAL				ONOUNCED DEAD		DEATH 3. DATE	Estimated 🗀	Manth		Doy	Yeor	Haur	М.
FUL	L NAME OF	(IF NOT		L OR INST	ITUTION, GIVE STREET		PRONO	JNCED DEAD	June	6,1	969		2:40	P. M.
OR	37 MER	CY HOS	PTTAT.				5. USUAL R A. STATE	ESIDENCE (Where Maryland	deceased li		institution:	residence	before adm	issian)
6. 5		7. RACE		B. MADD	IED NEVER MARR		C. CITY OR			ID IN	ISIDE CITY	/ LIMITS?		
	Male	White		WIDOW				imore			YES		No 🗆	
9. [	ATE OF BIRTH	1	10. AGE (In last birthday	years ) 46	If Under 1 Yr. If Under Manths , Days , Haurs	24 Hrs. Min.		N. Calver	t Stre	eet				
11.	BIRTHPLACE (S	tale or fareig	n country)		12. CITIZEN OF WHAT COUNTRY	?	13. FATHER	S NAME			Hill			
	USUAL OCCU			4B. KIND	OF BUSINESS OR IN	DUSTRY	15. MOTHE	R'S MAIDEN NAM	NÉ.				5.1	
	WAS DECEASI , na or unknawn)					NO.	1B. INFOR	MANT			ADI	DRESS		
	19.	180.	3		CAUSE	OF DEAT	rH						PPROXIMATE I	
	DISEAS	E OR CONDI	TION DIREC	TLY	Bro	ncho	pneumor	ia						
		LEADING TO			(A)	EDIATE C	AUSE							
	heart lailure,	ot mean the asthenio, etc. aplication whic	It means the	diseose,	DUE	TO, OR A	S A CONSEQ	UENCE OF:						
	injury ar can	ipiicanan wine	ii caosea de di	··· <i>,</i>	Dee	ahah	1	J						
		OR CONDITION		CIVING	(B)			dose of d	rugs					
	RISE TO THE	ABOVE CAL	JSE (A) STATI	NG THE		10, 0 %		COLINCE OI.						
Z	OTTOERETTI				(c)									
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO T	HE TERM					~~~~~~~		- <b></b>		end-ditum do-um od de un od up um gji od	
ERTI					FOR WHICH OPERAT	ION WA	S PERFORM	ED		_	J	21. AUTO	OPSY? (Yes	ar Na)
	1.											7	res	
EDICAL		NAL CAUSE			22B. PLACE OF INJU	RY(e.g.,	in or obaut 2	2C. WHERE DID (	lf in Baltima	re City	, give exact	lacation)		
EDI	UNDERLYING UTING CA				Hom	ie	F	ound uncor	nsciou	1S O	n flo	or or	6-3-	69
Σ	OF INJURY	(Month)	oy) (Year)	(Hou	) 22E.INJURY OCC		2	2F. HOW DID INJ	URY OCC	UR?				
		6-3-69	U	nk.	m. WHILE AT WORK	AT W	ORK X	Probable	overdo	se	of dr	ugs		
	23.   cert	ify that I he	eld on In	quiry [	Inspection [	7 Aus	opsy X	and that on th	is basis.	death	ı In mv o	pinion		
		ed from: N			Accident 🗌	Suicid			Jndetermi					
		1	/	11.	11 ,1	1		CHIEF MEDICAL E						
	SIGNATU	IDE () 6	wed	11	Carbo	M.D	ASSI	STANT MEDICAL E	XAMINER	[X			DATE SIG	NED
	EXAMINI	ER'S ROT	nald N.	Kor	nblum,M.D.			CIATE MEDICAL E	XAMINER			6/7/	69	
24/	NAME (T	ype)	4B. DATE	-	24C. NAME of CEM	METERY	or CREMATO	NATORS V	OCATION	PD	ity Odwn.	MEAN D	YI A	<del>ND</del>
	MOVAL (Specif		6/24	1/69				NIVERSI	TV N	IED	ICAL	C.C	HOOL	. 110
25/	. DATE REC'D	ffil O			AME OF REGISTRAR			UNERAL DIRECTO	R	I L D	AD	DRESS	HUUI	4
		JUL 3	1969	166	cut E. Faiber	M.D.		MORTU	ARY	SE	RVI	CF	BCH	D_
	151-REV. 1/1/6B			1 1	1.0	1		1	13					



## 

RTH NO.							REG. NO	D		
NAME OF DEC	CEASED			2. DATE OF	Known 🗌	Month	Doy	Yeor	Hour	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JOHN HARRI	SON		DEATH	Estimoted	May	30, 1	.969	1:10	A . M.
PLACE IN BAL JLL NAME OF OSPITAL	TIMORE, MARYLAND, (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUT		3. DATE PRONO	JNCED DEAD	Month Ma	<sub>роу</sub> у 30,	1969	1:10	A . M.
FRAN	KLIN SQUARE	1167		11	ESIDENCE (Where d Maryland		d. If instituti			
SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?	100	
Male	White	WIDOWED		Ba1	timore			YES 🗌	на П	
DATE OF BIRTI	H 10. AGE lost birthd	(In veors   If U	nder 1 Yr. If Under 24 Hrs. ths, Doys, Hours, Min.		ND NUMBER Carey Str	reet		TES L	ио 🗀	
. BIRTHPLACE (S	State or foreign cauntry)		WHAT COUNTRY?	13. FATHER	S NAME				14 5	
	PATION (Give kind of wor working life, even if retired		BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NAME					
. WAS DECEAS es, no or unknown)	ED EVER IN U.S. ARMI	ED FORCES? s of service)	17. SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRESS		
(This does in heart failure in jury or con DISEASES (RISE TO THE UNDERLYIN	LEADING TO DEATH not mean the mode of co, osthenio, etc. It means it mplication which coused d  NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST NG CONDITION LAST.	he diseose, eoth.) NY, GIVING ATING THE	(B) Of t	he live	r					
TO THE DEA	NIFICANT CONDITIONS ( ATH BUT NOT RELATED TO CONDITION GIVEN IN	OTHE TERMINAL	1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/	*******	****	************	*****			****
20A. DATE OF	F OPERATION 20B. CO	ONDITION FOR	WHICH OPERATION W	AS PERFORA	NED			21. AUTO	yes	r No)
UNDERLYING UTING CA	NAL CAUSE WAS ON CONTRIB-	22B. hom	PLACE OF INJURY(e.g. e, form, factory, street, offi Unk	, in or obout ce bldg., etc.)	2C. WHERE DID (IF	in 8oltimore	City, give e	xoct locotion)	00	
	(Month) (Doy) (Ye May 1969		OF INITIDY OCCUPPED	· weller	Unk.	IRY OCCUI	??			
23.	ify that I held on	Inquiry	Inspection A	utopsy 🔀	ond that on this	s bosis, c	leoth in m	y opinlon		
result	ted from: Notwol co	uses A	ccident x Sulci	de H	omicide U	ndetermin	ed monner			
ACTUAL		dul	lath		CHIEF MEDICAL EX		□ xk		DATE SIGN	NED
EXAMIN NAME (T	ER'S Ronald Type)		lum, M.D.		ANATOM	AMINER [	ARD	OF M	0/69 \RVL	AND
4A. BURIAL CRE/ EMOVAL (Speci		24/6	C. NAME of CEMETERY	or CREMATO	UNIVERS	ITY	MEDI	CAL S	SCHO(	)L
A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C.	FUNERAL DIRECTOR			ADDRESS	- 1-2-1-1	
	1111 3 1969	Robert &	Jaber M.D.		MORTE	IADV	CED	VICE	DCI	MIN.



IMPORTAN

DIRECTOR:

FUNERAL



NO

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

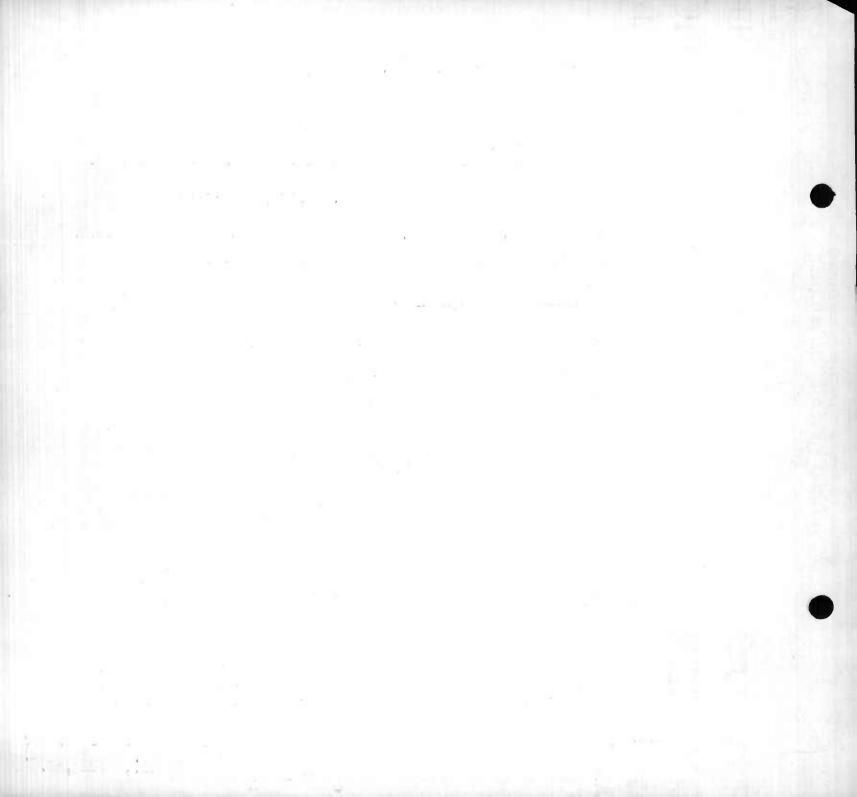
ADDRESS

Il Under 24 Hrs.

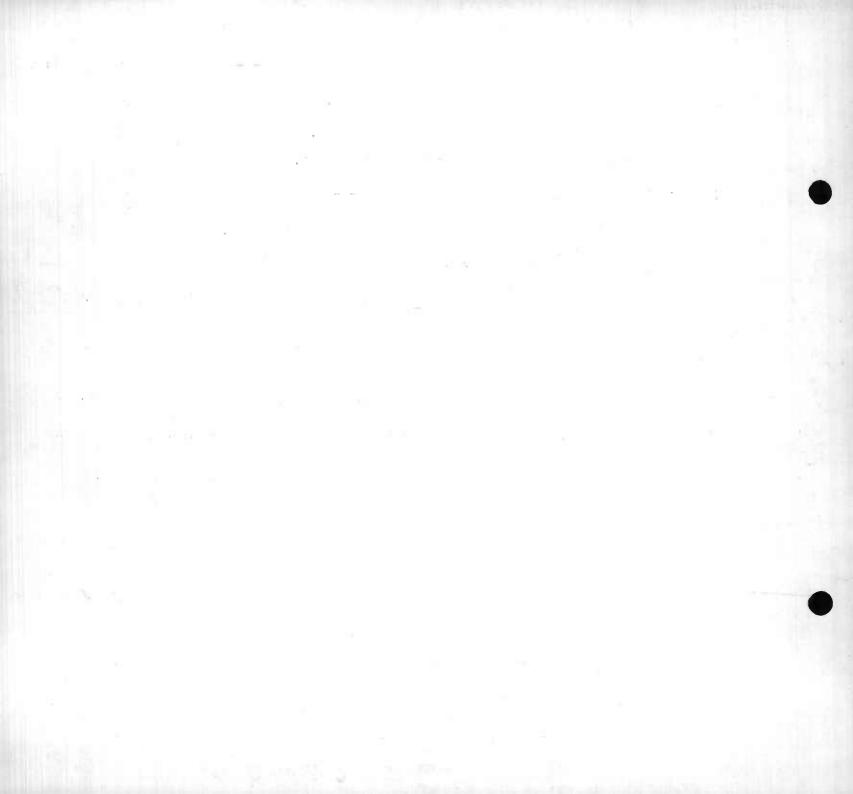
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IMPORTANT DIRECTOR: FUNERAL





BALTIMORE CITY HEALTH DEPARTMENT



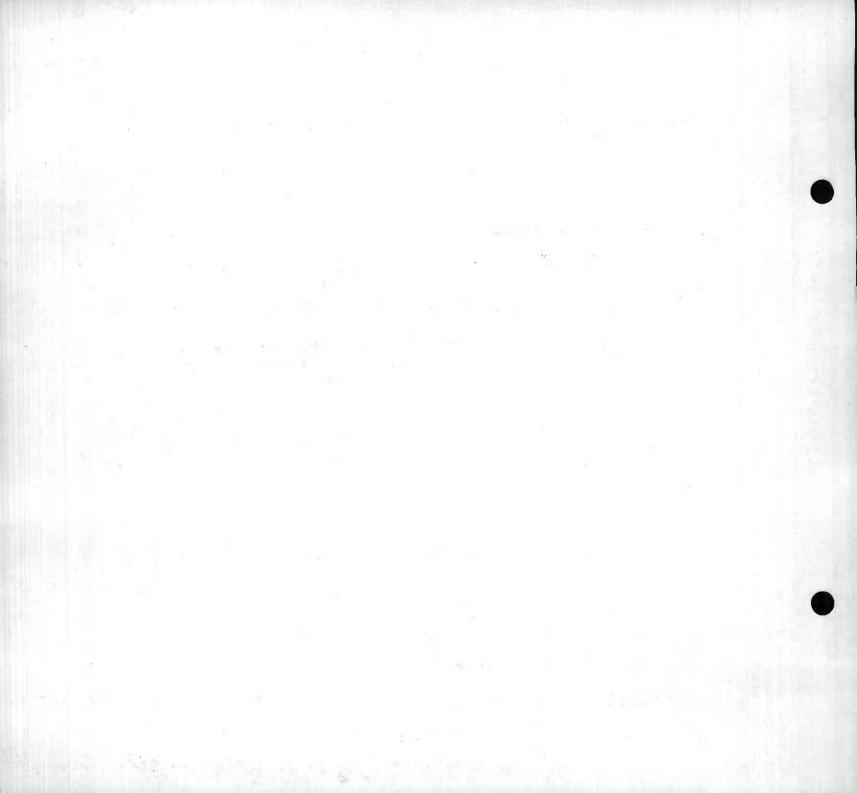
IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/6B

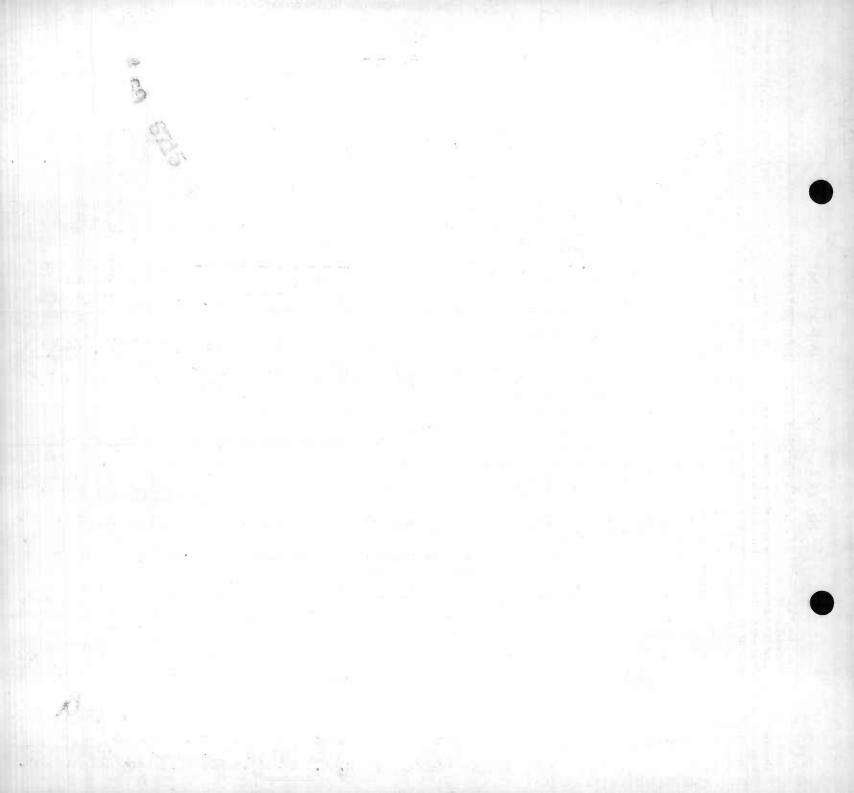
ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact lacation) ...and that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED

NO

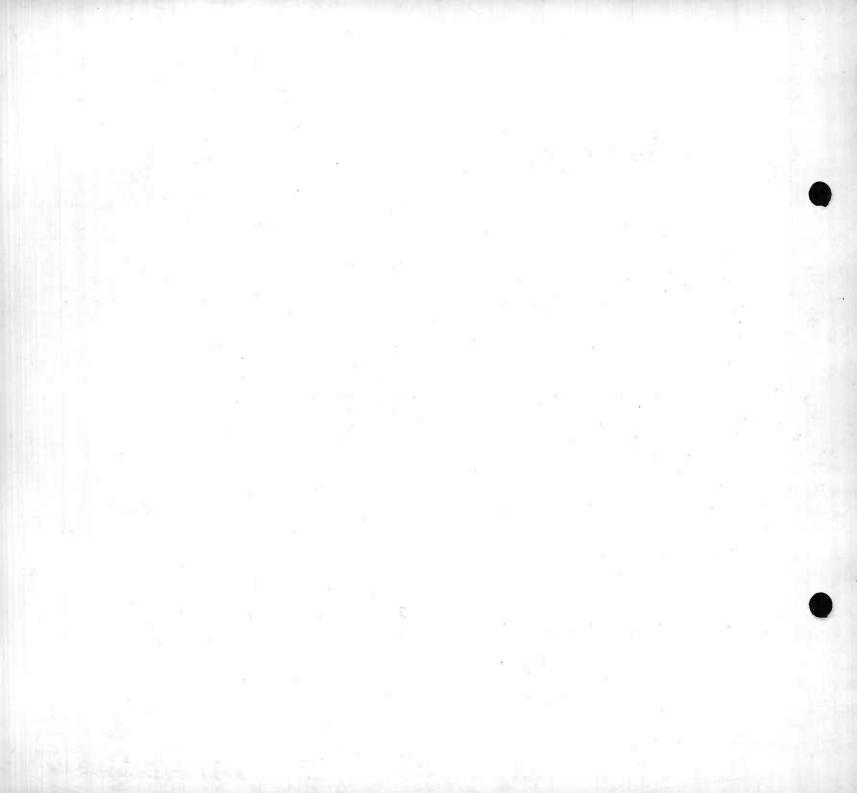
If Under 24 Hrs.



BALTIMORE CITY HEALTH DEPARTMENT



ANECEDENT CAUSES  CE IN BALTIMORE, MARYLAND, W  IAME OF ADDRESS OR LOCAL ALOR ADDRESS OR LOCAL ADDRESS OR LOCAL ADDRESS OR LOCAL ADDRESS OR LOCAL ADDRESS OR LOCAL ADDRESS OR LOCAL ADDRESS OR LOCAL ADDRESS OR LOCAL ADDRESS OR LOCAL ADDRESS OR LOCAL ADDRESS OR LOCAL ADDRESS OR LOCAL AND ADDRESS OR LOCAL AND ADDRESS OR LOCAL AND ADDRESS OR LOCAL AND ADDRESS OR LOCAL AND ADDRESS OR LOCAL AND ADDRESS OR CONDITION DIRECTIONS ADDRESS OR CONDITIONS, if a la like abave cause (A) ADDRESS OR CONDITION Lost.	7. MARRIED WIDOWED Sea.  7. MARRIED WIDOWED Sea.  108. KIND OF Sea.  1945  RECTLY  dying, e.g., the disease, death.)  any, giving	Spital  NEVER MARRIED  DIVORCED  BUSINESS OR INDUSTRY  FATER  16. SOCIAL SECURITY NO.  CAUSE OF DEATH	A. STATE B. CO Florida C. CITY OR TOWN Marathon E. STREET AND NUMBER 1250 Ocean B. DATE OF BIRTH 7/13/13  11. BIRTHPLACE (Stote or Switze 14. MOTHER'S MAIDEN IN Anna Wint 17. INFORMANT Records— US TH  USE A CONSEQUENCE OF:	PHS Hospital,	E CITY LIMITS?  YES NO I  If Under 1 Yr. If Un Months Doys Hours  12. CITIZEN OF WHAT  USA
M W  JAL OCCUPATION (Give kind of work ina most of working life, even if retired) FISHETMAN  HER'S NAME  Victor Loher  Deceosed Ever in U. S. Armed Ford or unknown) (If yes, give wor or dote  Yes CG 1942-  DISEASE OR CONDITION DIR  LEADING TO DEATH is does not mean the mode of ant failure, astheria, etc, it means buty ar camplication which caused  ANTECEDENT CAUSES SEASES OR CONDITIONS, if of the above cause (A)	WIDOWED  KIOB. KIND OF  Sea.  1945  RECTLY  dying, e.g., the disease, death.)  any, giving	DIVORCED BUSINESS OR INDUSTRY  Farer  16. SOCIAL SECURITY NO.  ?  CAUSE OF DEATH  (A) IMMEDIATE CAL DUE TO, OR AS	B. DATE OF BIRTH 7/13/13  11. BIRTHPLACE (Stote of Switze  14. MOTHER'S MAIDEN I Anna Wint  17. INFORMANT RECORDS— US  TH  USE Pulmonary A CONSEQUENCE OF:	9. AGE (In years lost birthday) 55 foreign country) rland NAME ter  PHS Hospital,	ADDRESS Balto, Md.  APPROXIMATE BETWEEN ONSET HOURS
manual of working life, even if retired) FISHERMAN  HER'S NAME  Victor Loher  Deceased Ever in U. S. Armed Form or unknown) (If yes, give wor or date of the look	Sea.  Sea.	Tarer  16. SOCIAL SECURITY NO. ? CAUSE OF DEATI  (A) IMMEDIATE CAL DUE TO, OR AS	Switze  14. MOTHER'S MAIDEN I Anna Wint  17. INFORMANT Records— US  H  USE Pulmonary A CONSEQUENCE OF:	rland NAME ter PHS Hospital,	ADDRESS Balto, Md.  APPROXIMATE BETWEEN ONSET  Hours
Victor Loher  Deceosed Ever in U. S. Armed Ford unknown) (If yes, give wor or date Yes CG 1942-  DISEASE OR CONDITION DIR LEADING TO DEATH is does not mean the mode of and failure, asthenia, etc. It means any ar camplication which caused ANTECEDENT CAUSES SEASES OR CONDITIONS, if a la the above cause (A)	nes of service) 1945  RECTLY dying, e.g., the disease, death.) any, giving	CAUSE OF DEATH  (A) IMMEDIATE CAU  DUE TO, OR AS	Anna Winter Records US  H  Pulmonary A CONSEQUENCE OF:	PHS Hospital,	Balto, Md.  APPROXIMATE BETWEEN ONSET  Hours
DISEASE OR CONDITION DIR LEADING TO DEATH is does not mean the mode of ant failure, asthenia, etc. It means any or camplication which caused  ANTECEDENT CAUSES SEASES OR CONDITIONS, if a la the abave cause (A)	dying, e.g., the disease, death.)	(A) IMMEDIATE CAL	use Pulmonary A CONSEQUENCE OF:		APPROXIMATE BETWEEN ONSET  Hours
LEADING TO DEATH is does not mean the mode of all failure, asthenia, etc. It means any ar camplication which caused ANTECEDENT CAUSES SEASES OR CONDITIONS, if a la the above cause (A)	dying, e.g., the disease, death.)	(A) IMMEDIATE CAL DUE TO, OR AS	USE Pulmonary A CONSEQUENCE OF:	7 ĝdema	Hours
11	N I TRUPLITA I G	(c)	S A CONSEQUENCE OF:		
WAS PERF	HE TERMINAL RT 1 (A). IDITION FOR W FORMED	HICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CAUS	yes
- ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)  - TIME (Month) (Doy) (Year) INJURY PROX.)	(Hour) 21 E. (	INJURY OCCURRED  e At Not Whil	21F. HOW DID	7	City, give exact lacation)
t (V(we) last saw the decease have and from the causes state . SIGNATURE	ed alive an ted abave. (K	June 30 (We) (did) (slist fight) v  DEGREE Phy	19 69 and view the bady after deal ending Med. s. Director [23D. ADDRESS	Shaff X 2	an death accurred a 23B, DATE SIGNED 6/30/69
OT INP	CONTRIBUTING CAUSE OF H (notify medical examiner)  TIME (Month) (Day) (Year)  NOX.)  Certify that () (this haspital  ((V (we) last saw the decease  thaur and fram the causes state  SIGNATURE  PHYSICIAN'S  NAME (Type)	CAUSE OF H (notify medical examiner)  (H (notify medical examiner)  (IME (Month) (Doy) (Year) (Hour)  (ROX.)  Certify that (I) (this haspital) attended the (V (we) last saw the deceased alive an and the causes stated abave. (V)  SIGNATURE  PHYSICIAN'S NAME (Type)  James M. Weaver, Medical  (ACREMATION, 124B. DATE 124C. NAME (NOVAL, (Specify))  (CRIAL 7-3-69)	Certify that (1) (this haspital) attended the deceased fram (1) (we) last saw the deceased alive an June 30 haur and fram the causes stated abave. (1) (We) (did) (fisher) DEGREE Physician's Name (Type)  James M. Weaver, Medical Director  DEGREE Physician's Name (Type)  James M. Weaver, Medical Director  DEGREE Physician's Name (Type)  James M. Weaver, Medical Director  DEGREE Physician's Name (Type)  James M. Weaver, Medical Director  DEGREE Physician's Name (Type)  James M. Weaver, Medical Director  DEGREE Physician's Name (Type)  James M. Weaver, Medical Director  DEGREE Physician's Name (Type)  James M. Weaver, Medical Director  DEGREE Physician's Name (Type)   ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCURED while At work   100 pt   1	ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Baltimare Place of House)   218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Baltimare Place of House)   218. PLACE OF INJURY OCCUR?   218. PLACE	



IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

9:05 A.

NO X

APPROXIMATE INTERVAL

(Stote)

Jarrettsville, Md.

Charles E. Kurtz



IMPORTAN

DIRECTOR:

FUNERAL



1999 121.25

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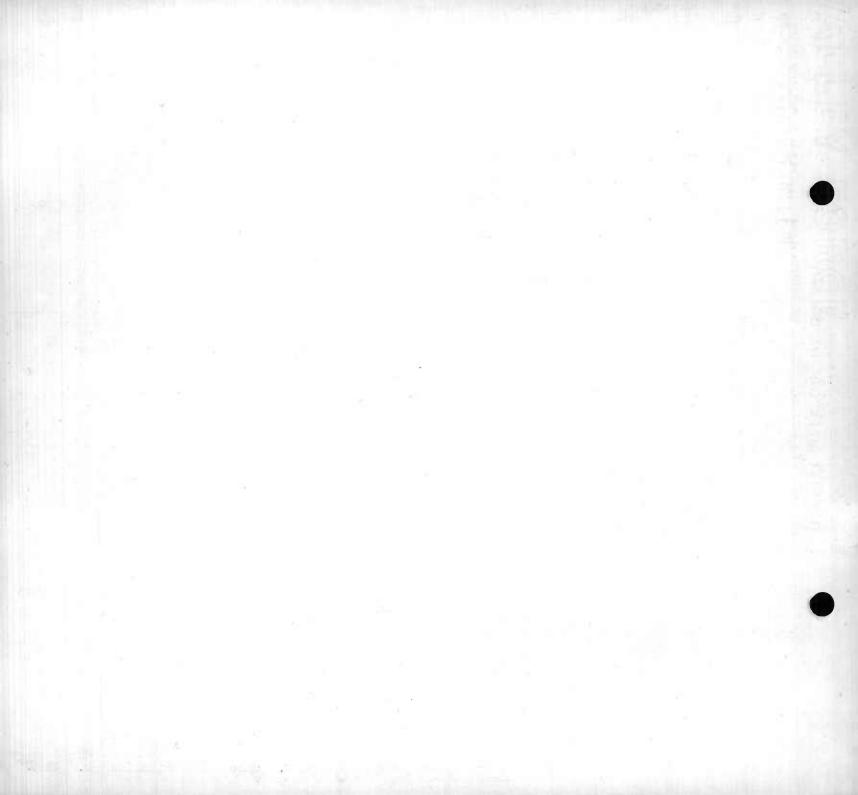
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IMPORTANT

DIRECTOR:

FUNERAL



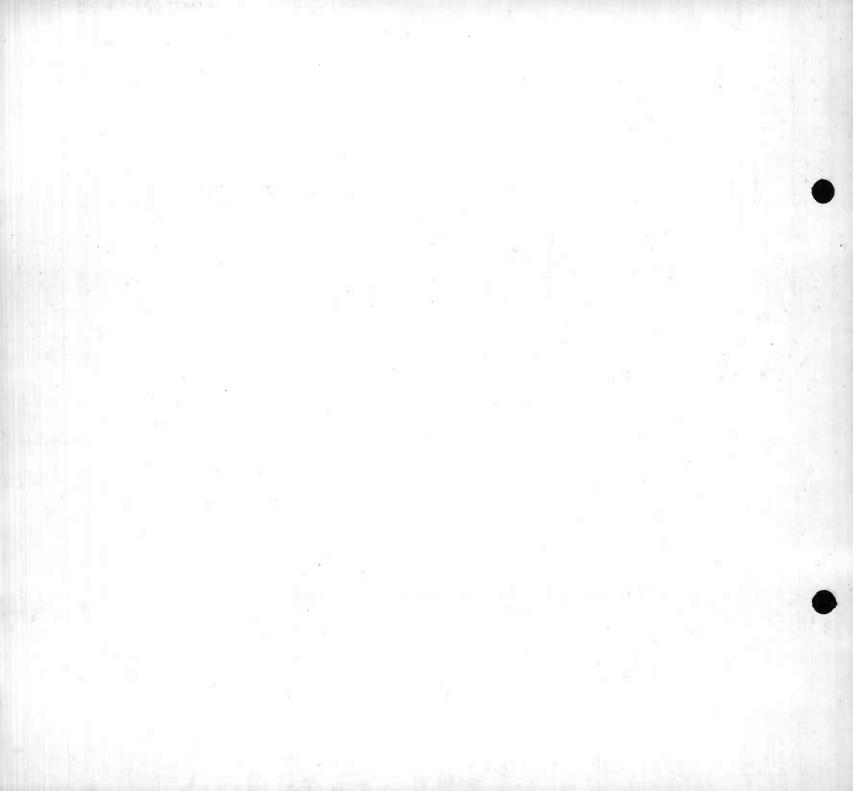
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69 6720 BALTIMORE CITY HEALTH DEPARTMENT

						AMINER'S			DEAT	H REG NO	69	672	1
BIF	TH NO.									KEO. 110.2			
	NAME OF DEC		HIOTTE	VI			2. DATE OF	Knawn   Estimated	Month	29,1969	Yeor	9:38	Α
4	PLACE IN BAL				RONOL	NCED DEAD	DEATH 3. DATE		Month	Day	Year	Hour	22 aW.
FUI	L NAME OF SPITAL INSTITUTION	(IF NO		LORIN		N, GIVE STREET	PRONO	UNCED DEAD	June	29,1969	)	9:38	-5441
010	1113111011011						A. STATE	ESIDENCE (Where		ed. If institution: B. COUNTY	residence	befare admis	sion)
	S	NAI HO	SPITAL	(DO	A)			Maryland			13	48	
6.	SEX	7. RACE		B. MAR	RIED 3	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	9	
	emale	Whi		WIDO	WED 🌁	DIVORCED	LI.	imore		YE	s 😿	NO 🗆	
9. 1	Oct.19,		10. AGE (Ir last birthda	41		er 1 Yr. If Under 24 Hrs. Doys   Hours   Min.		Keystone	Avenu	e			
11.	BIRTHPLACE (		ign country)			IZEN OF	13. FATHER						
1.44		Md.	5-15-1 t tl	TAR MINI	D OF BU	CINIECC OR INIDIICADI	VIII MOTUE	DIC MAIDEN NO.		?			
don	e during most of v	vorking life, e	ven if retired)	148. KIN	D OF BU	SINESS OR INDUSTRY	A 15. WOTHE	R'S MAIDEN NAM	ΛE				
2	extile	Woker.			Mil	ls.				2			
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5? 1	7. SOCIAL	18. INFOR	TAAN		AD	DRESS		
(10	s, na ar unknown	(IT yes, give	war or dates	at servic		SECURITY NO. 17-20-7711	Wm/L.O	++an 3625	Vound	one Ave			
-	19. < - / )	1 0/		_		CAUSE OF DEA		tren 303.	reasi	one ave	• Al	PROXIMATE IN	TERVAL
	0/	181				CAUSE OF DEA						EEN ONSET A	
	DISEAS	E OR CON	DITION DIREC	CTLY		Fatty L	iver						
		LEADING T				(A)IMMEDIATE	CAUSE						
	heort foilure	, asthenia, et	e made of dy tc. It means the otch caused dec	disease,			AS A CONSEC	UENCE OF:	**************************************				
				1									
		NIECEDEN				(B)			*****				
	DISEASES	OR CONDIT	TONS, IF ANY AUSE (A) STAT	GIVING	G F	DUE TO, OR	AS A CONSE	QUENCE OF:					
-			TION LAST.	1110 111	-	(c)							
Ó						(C/	***************************************						
CERTIFICATION	TO THE DE	ATH BUT NO	II ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TER	MINAL	Chroni	c Pancr	eatitis					
RT	20A. DATE O	POPERATIO	N 208. CON	ADITION	FORW	HICH OPERATION W	AS PERFORM	NED			21. AUTO	PSY? (Yes o	r No)
Ö	21												
7	22A. FXTER	NAL CAUSE	T 14/A C		loop or	ACE OF INITIDAL.		OC WHERE DID		CI.		yes	
MEDIC.	UNDERLYING UTING CA	OR COL	VTRIB-		hame, fo	ACE OF INJURY(e.g., orm, foctary, street, offic	e bldg., etc.)	NJURY OCCUR?	it in baltimar	e City, give exac	i lacation)		
Σ	22D. TIME OF INJURY (APPROX.)	(Month)	(Doy) (Yeor	) (Ho	WH	ILE AT NOT	WHILE	22F. HOW DID IN.	JURY OCCU	IR?			
	23.			- 099	m. WO	RK L AT W	VORK []						-
	I cert	ify that I	held on I	nquiry		nspection Au	topsy X	and that on th	nis bosis,	deoth in my	pinion		
	resul	ted fram:	Naturol cau	ses X	Acc	ident Suicio	H Tal	omicIde 🗌	Undetermin	ed monner	7		
		. /-	)		-1/			CHIEF MEDICAL E					
	ACTUAL	Y	1.11	1//	1/	11						DATE SIGN	VED
	SIGNAT		pund	41	lun	M.D	ASSI	STANT MEDICAL E	XAMINER	lxl			
	EXAMIN NAME (1		onald N	V. Ko	rnb1	um,M.D.	ASSC	CIATE MEDICAL E	XAMINER		6/	30/69	
	A. BURIAL CRE		24B. DATE		24C.	NAME of CEMETERY	gr CREMATO	DRY 24D.	LOCATION	(City, tawn	ar county	) (Sta	te)
	Buria		July 2	,196	9 M	eadowridge l	Mem.Par	k.	Dorge	. Md			
25	A. DATE REC'D	BY HEALTH				F REGISTRAR		FUNERAL DIRECTO	Dorsey	A	DRESS		
					7:								
		JU	L3 13	69	iobed	8 E. Jaiber, M	Pau	1 E.Chenov	veth Jr	3615	Chest	nut Av	0.
VS	151-REV. 1/1/6	3		. 1	> 1	0 0 0	0 1	77 1 1					

E, 2.39 112. 21/- (--) 11 13 ... 15 . torant to the continue to the continue to

00 000	BALTIMORE CITY	HEALTH DEPARTMENT		69 6721
69 6721	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DECEASED NAOMI M. WITKO	OWSKI.	7-1	AND HOUR OF DEATH	10:40 P. N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUP	NCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	Vhere deceased lived. It i OUNTY	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION	TION, GIVE STREET	C. CITY OR TOWN		IDE CITY LIMITS?
MORTH CHARLES GE	N HOSP	BALTIMON E. STREET AND NUMBER		YES 💢 NO 🗌
28 4 CHARLES BA	Lto 2/2/8	718 S. Beth	EL ST BAL	TIMORE md 21231
5. SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF I	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE		BALTIMOR	Land	US
13. FATHER'S NAME / Charles Kr	ist	14. MOTHER'S MAIDEN I	RI GER	Griger
CHARLES (CK)	1 6. SOCIAL	17. INFORMANT	1- 1	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 2-19-10-034	Mr. Michael	P. Witkows	1,718 S. Bethel S
18. 43.61.21	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Carc	inomatosis		MONTHS
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)	4		,	. Noneus
ANTECEDENT CAUSES	(B) CRUCI	noma of A	mpulla of Vo	aten MONTHS
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)	**************************************		0-0,00,000
z				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  198. CONDITION FOR W WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? IYes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED
= 1-22-69 CARCINOMA	Common Bill		TES	
OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21C. WHERE DIE	) (If in Boltimo	re City, give exoct location)
O O	INJURY OCCURRED	215 HOW DID	INJURY OCCUR?	
V OF INJURY	e At Not Whil		INJORT OCCUR:	
VY OFR			19 69 to	7-1 1969
22. I certify that (I) (this haspital) attended the	e deceased from	1066		
that (I) (we) last saw the deceased alive an	(W-) (1:1) (1:1 -)			inian death accurred an the date
and hour and from the causes stated abave. (1)	(we) (did) (ele-nor)	riew the bady after dear	in.	238, DATE SIGNED
Mull Mustral	Dhu.	ending Med. Director	Staff Phys	7/2/69
23C.PHYSICIANS NAME (Type)	GREE	23D. ADDRESS	(1) 21	inal .
NOEL LAWSON, M	n.D.	North Cha	alis XIII.	
	ME of CEMETERY OF CR	EMATORY 240	LOCATION (C	ity, town, or county) [Stote]
Burial 7/5/69 Oal	k Lawn	В	altimore,	Maryland
25A. DATE, REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIREC	TOR	ADDRESS
1969 Robert Jale	A- 0	M. F. SADOW		1808 EASTERN AVI
V\$ 150-REV. 1/1/6B	2 4 6 1	067	2	

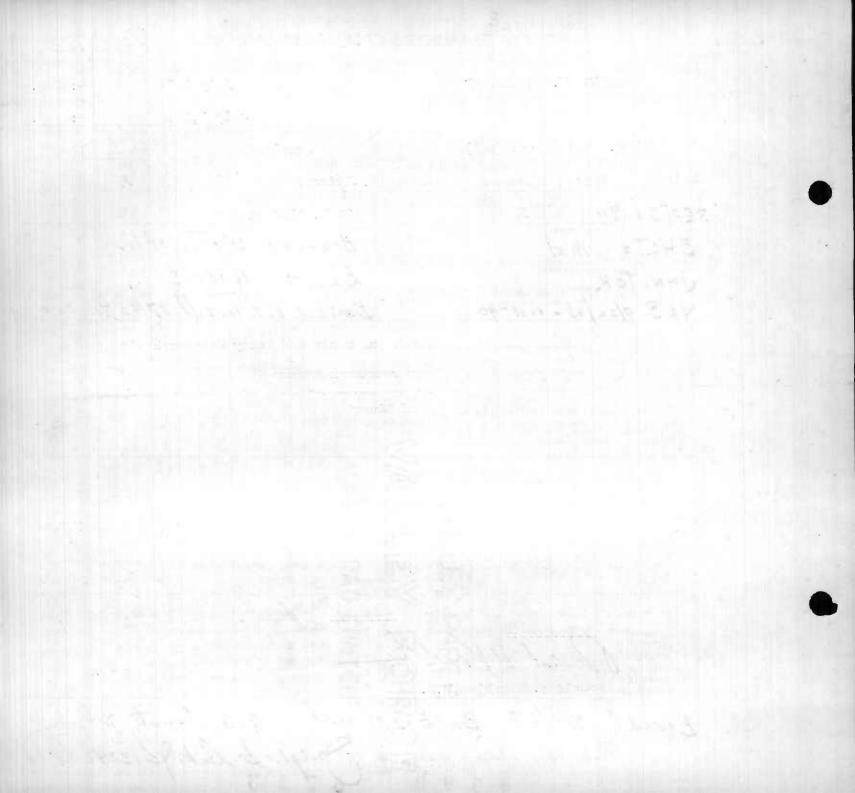


69 6722 BALTIMORE CITY HEALTH DEPARTMENT

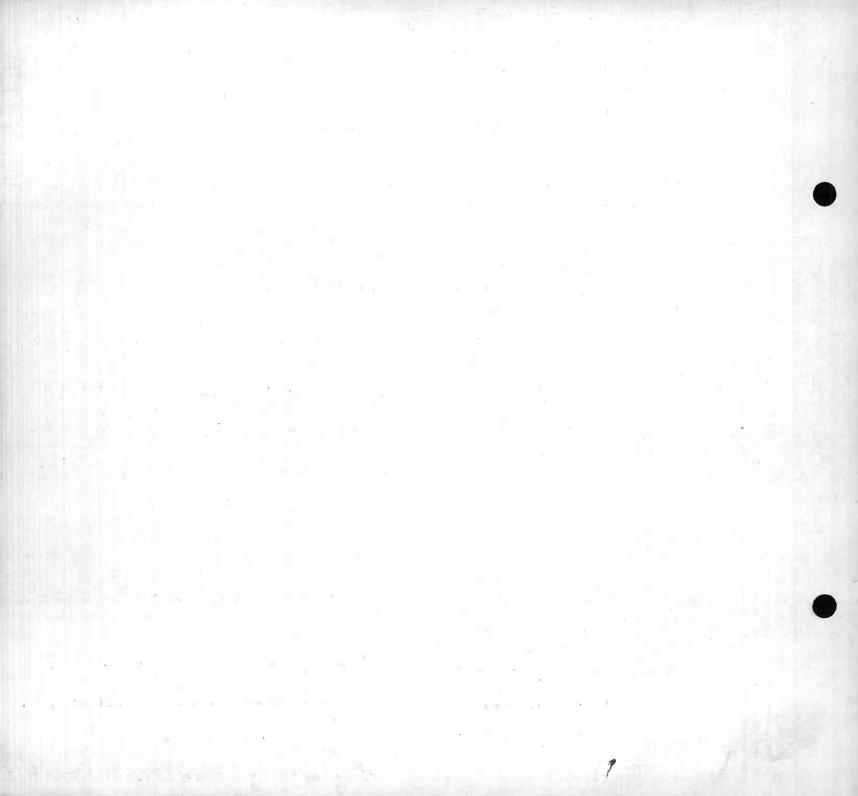
MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH.

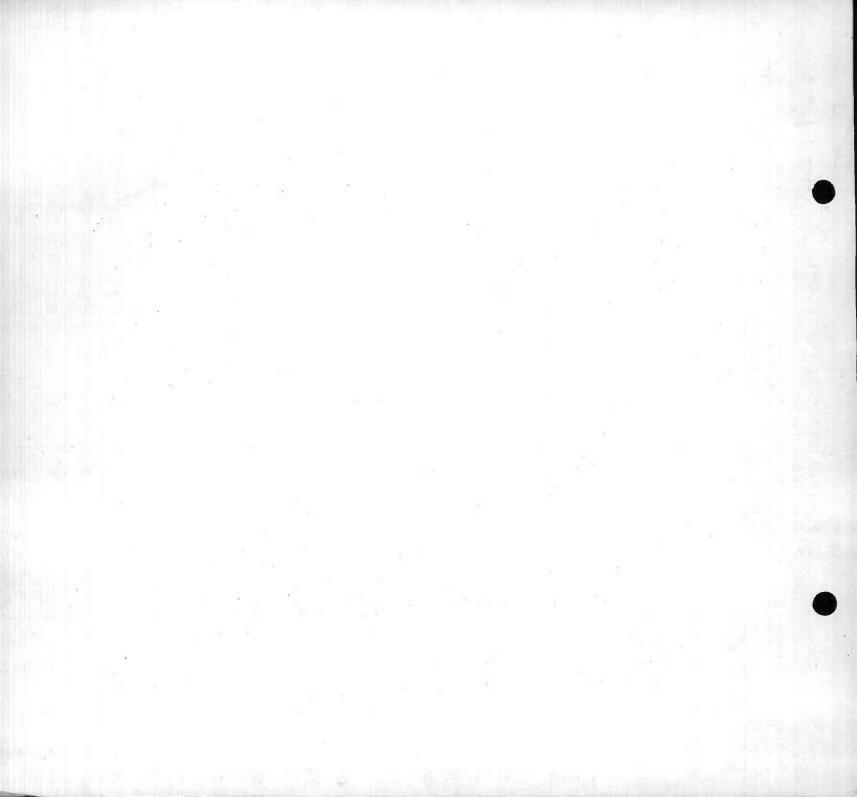
BIRTH NO.	MED	ICAL	EXAMINER'S	ERTIFIC	CATE OF	DEAT	H REG. NO.	69 (	6722
NAME OF DEC	EASED			2. DATE	Knawn 🔲	Month	Day	Year	Hour
Type or Print)	HORACE E.	WHITW		OF DEATH	Estimated	Ju1y	1,1969	redi	9:40 P.M
	TIMORE, MARYLAND, V			3. DATE	NCTO DTAD	Manth	Day	Year	Haur
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INST	TITUTION, GIVE STREET		NCED DEAD SIDENCE (Where		,1969	casidance h	9:40 P.M
00 82	2 E. 22nd Str	eet (	(DOA)	A. STATE	Maryland		B. COUNTY	9	08
6. SEX	7. RACE	8. MARR	IED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
Male	Negro	WIDOW	VED DIVORCED	Baltin	ore		VE	s 🖄 n	NO 🗆
9. DATE OF BIRT	H 10. AGE (I last birthdo	_	If Under 1 Yr. If Under 24 Hrs. Manths   Days   Haurs   Min.	E. STREET A	ND NUMBER			, ,	10 🗀
SEPIZI	/	5/		822 E	. 22nd St	reet			
BAIT	State or fareign country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	NAME	4/17	Twor	12	
4A.USUAL OCCU	PATION (Give kind of work	14B. KIND	OF BUSINESS OR INDUSTRY	1					
lane during mast of v	varking life, even if retired)			EL	19	Nor	MIS		
6. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES	17. SOCIAL SECURITY NO.	18. INFORM	ANT	1.1-	H AD	DRESS	+
VES	9/22/43 -1	- 11	46	Bark	us Wh	1/4/97	dh 17	43 116	MESICA
19. 4/	4 ×		CAUSE OF DEA	TH					PROXIMATE INTERVAL
DISTAS	E OR CONDITION DIRE	CTIV	Bronchop	neumoni	a and Fat	tv Met	amorphos		EEN ONSET AND DEAT
DISEAS	LEADING TO DEATH	CILI				-)	amor piro.	710	
heart lailure	at mean the made of dy, asthenia, etc. It means the	disease,	(A)IMMEDIATE C		KNSEXCEX				
injury or cor	nplication which caused de	ath.)							
	NTECEDENT CAUSES		(B) of Li						
RISE TO THE	OR CONDITIONS, IF AN' E ABOVE CAUSE (A) STA	Y, GIVING TING THE	DUE TO, OR	AS A CONSEC	UENCE OF:				
UNDERLYIN	NG CONDITION LAST.		(C)						
₽	11								-
O TO THE DE	ATH BUT NOT RELATED TO	THE TERM							
<u> </u>		* * *	FOR WHICH OPERATION WA	AS PERFORM	ED			21. AUTOI	PSY? (Yes ar Na)
_	110000000000000000000000000000000000000		202 21 402 02 12 12 12 12 12						yes
UNDERLYING	NAL CAUSE WAS GOR CONTRIB-		22B. PLACE OF INJURY(e.g., hame, farm, lactary, street, alfice	bldg., etc.)	IJURY OCCUR?	lt in Baltimar	e City, give exa	t lacation)	
≥ 22D. TIME		r) (Havi	22E.INJURY OCCURRED	2	F. HOW DID INJ	URY OCCU	IR?		
(APPROX.)				WHILE ORK					
23.	ify that I held on I	ngulry [	Inspection Au	tapsy 🗓	and that on th	is basis,	death in my	ppinlan	
resul	ted fram: Natural cau		Accident Suippe		micide 🔲 Ü	Indetermin	ned monner	i	
10301	/	/	Accident L		HIEF MEDICAL E				
ACTUAL	1/1	1 1	11/1.11/		TANT MEDICAL E		5		DATE SIGNED
SIGNAT	* /	61	M.D					7/2/0	69
EXAMIN	U 0 0 0 7 1 37	. Kor	nblum, M.D.	ASSO	CIATE MEDICAL E	XAMINER		1/2/	
NAME (1	··· ·	/	24C. NAME of CEMETERY	or CREMATO	RY A 24D I	LOCATION	(City town	gr county)	/ (State)
REMOVAL (Speci		16	BARK	1, and	1	1	1	7 20	. L Sidie
Buri	al 1141	67	Day to la	restra	4	. 11.	- revel	5 100	
2SA. DATE REC'D	BY HEALTH DEPT.	Q 2SB N	AME OF REGISTRAR	250	UNERAL DIRECTO	2	& On Al	DORESS	IN PI
	- 0	-		2/1/	of well	. Wee	to be	1201	11 Speles

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Baltimore.

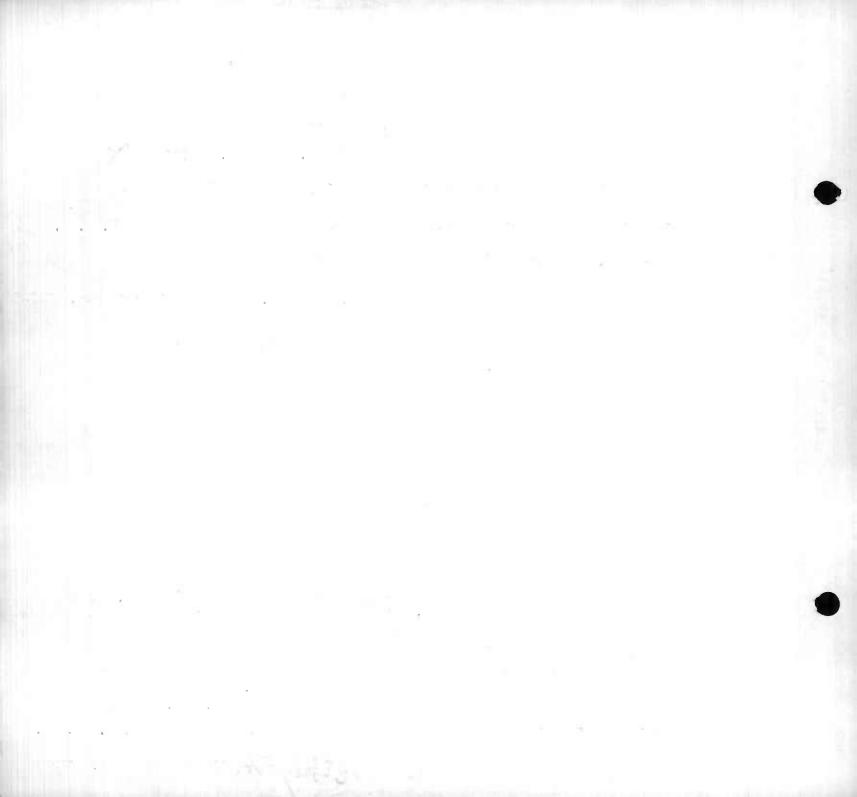


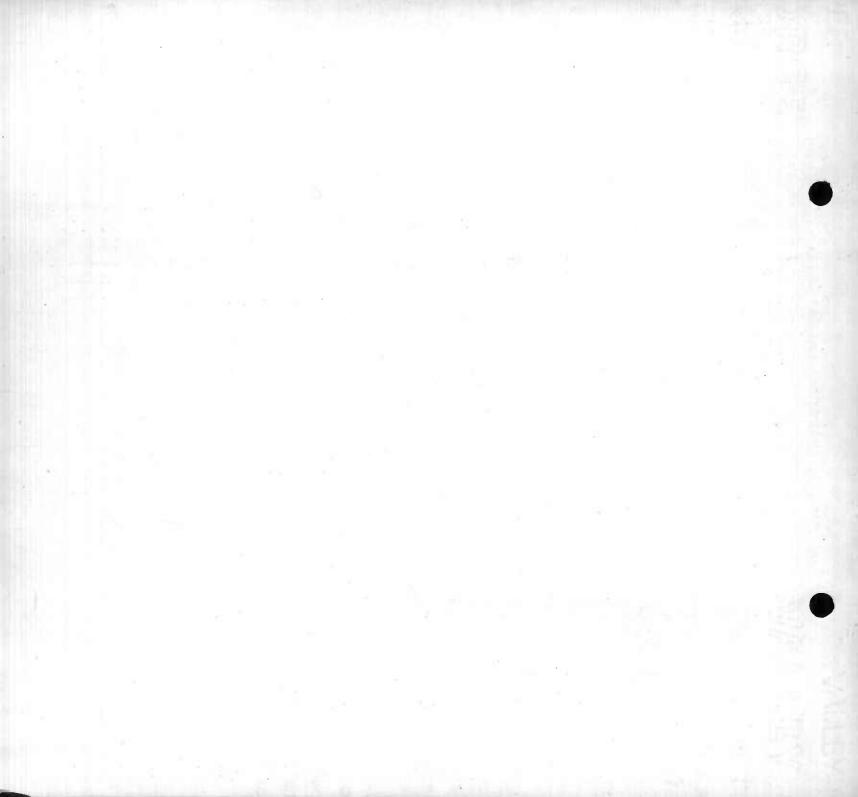
	2002	BIRTH NO. 69 6/2/CERTIFICATE OF DEATH REG. NO. 69 6/2/	_
	oital and of death Deceased e on the ath. Such	1, NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH	
	of of of of all all h.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and state and state are constituted in the contraction of the	on)
	hosp Use (5) danc	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C.CITY OR TOWN D. INSIDE CITY LIMITS?	
	atte ior	UNION MENORAL HOSPITAL E. STREET AND NUMBER	
	ar de.	5. SEX 6. RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In 15 If Under 1 Vr. If Under 24 H	lrs.
	ontribu ontribu ermine regula eased is mad	WHITE WIDOWED DIVORCED 12/20/94 lost births Doys Hours Min.  10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stofe or foreign course) 12, CITIZEN OF WHAT COUNT	
	or condet undet deco	done during most of working life, even if refired)  RETIRED CAP TELEPHONE CO (USA) BACTI MORE  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	,
7	lirec (4) h w n th dispa	JOHN P. BRANNAN MARGE GOSNELL	
RTAI	the c the c kind deat nce o final	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  212-03-636A LEIGH BONSAL, TR. CSAMO	E
MPOR	his as o, if fany nced enda d or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE CARDAC ARREST	
R: 1	er. Aler. Al	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease, injury ar camplication which caused death.)	
CTO	A fra who regul	ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF: 000	
DIRE	ian s ins a	rise to the obove couse (A) stoting the UNDERLYING CONDITION last.  (C) Defette Mellitus	
AL	medica medica burns physic an wa rema	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
UNER	chief y a n Body the I the I	198. CONDITION FOR WHICH OPERATION WAS PERFORMED  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
Ī.	y the ital b e; (2) /here No pl befo	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., etc.)  (If In Boltimore City, give exact location)  And the property of the place of the pl	
	ved by hospi nature ept w d (6) r	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Work 21E, INJURY OCCUR?	
	the the exc	22. I certify that (M (this haspital) arended the deceased from	
	of of of the period of the per	that (I) (we) lost saw the deceased alive on	ote
bi	must be celeased tracident of hospita to death	23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Shaff	
	E 0 0 0 + 0	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  NAME (Type)  23D. ADDRESS  VAID  23D. ADDRESS  VAID  23D. ADDRESS	
	This certificate the body was is hows: (1) An a was D.O.A. at deceased prior	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)	)
	This certif the body shows: (1) was D.O. deceased written a	Burial 7/5/69 Greenmount  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  4. W. Jenkins & Sons Co. 4905 York	_
	### X P X	JUL 3 1969 Jaber E. Jaber M.D. H.W. Jenkins & Sons Co. 4905 York 1	Re

BALTIMORE CITY HEALTH DEPARTMENT

C4/24 2 1100-A500 Dutolle Milliter ROBERT H EFELD ORD CHINO HENDERSHED IN 

NAME OF DE		lary Scha	fer		and hour of death y 1, 1969	
PLACE OF DE	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (W	hore docoosed lived. Il is	nstitution; residence before admiss
FULL NAME HOSPITAL OR INSTITUTION	oddross or location	1)	ral Hospital		outside city limits, write	
				1513 E. Fort	Ave. 2123	30
Female	6. RACE White	7. MARRIED, N WIDOWED,	DIVORCED (specify)  T Married	B. DATE OF BIRTH Aug 22, 1890	9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 1 Months Doys Hours Min
	I working life, even if retired)	Pelan		11. BIRTHPLACE (Store or fo		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	4 4	101011	OC 2501 023	14. MOTHER'S MAIDEN N		0. 0
Edv	ward J. Schafe	r		Mary Neka		
S. Was Decease Tes, no ar unknow	d Ever in U. S. Armod Form) (II yes, give war er date	ces? s of sorvico)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				Mr. Edward F.	Schafer 50	l Deris Ave. 212
18.4/	2 1 1		CAUSE OF	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This does heart failure	INSEE OR CONDITION DIR LEADING TO DEATH not meen the mode of , osthenio, etc. It meens mplication which coused ANTECEDENT CAUSES	dying, e.g., fhe diseose,	DUE TO	eriosclerotic	heart dis	
(This does heart failure injury or co	ANTECEDENT CAUSES OR CONDITION DIR LEADING TO DEATH not meen the mode of , osthenio, etc. It meons mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove cause (A) IG CONDITION last.  II RIFICANT CONDITIONS CO DEATH BUT NOT RELA	dying, e.g., the disease, death.) any, giving sloting lhe ONTRIBUTING	BUE TO	ertension	heart dis	sease
(This does heard foilure injury or co	ANTECEDENT CAUSES OR CONDITION DIR LEADING TO DEATH not meen the mode of , osthenio, etc. It meens mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove cause (A) IG CONDITION last.  II WIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	dying, e.g., fhe disease, deoth.)  any, giving sloting the  ONTRIBUTING JED TO THE T.  DITION FOR W	BUE TO	ertension		SOURCE CONSIDERED
OTHER SIGN TO THE DISEASE OF DISEASE OF THE DISEASE	ANTECEDENT CAUSE OR CONDITION DIR LEADING TO DEATH not meon the mode of , osthenio, etc. It meons mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove cause (A) IG CONDITION last.  II VIFICANT CONDITIONS CO DE CONDITION CAUSING I FOPERATION 198. CON	dying, e.g., fhe disease, deoth.)  any, giving sloting the  ONTRIBUTING TED TO THE T.  DITION FOR WORMED	(B) Hype DUE TO  (C)  HICH OPERATION	ertension	No. 208. IF YES, WERE IN CERTIFYING CA	SOURCE CONSIDERED
OTHER SIGN TO THE DISEASE OF DISEASE OF THE DISEASE	ANTECEDENT CAUSES OR CONDITION DIR LEADING TO DEATH not meen the mode of, osthenio, etc. It meons mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove cause (A) LIG CONDITION last.  II  IIIFICANT CONDITIONS CONDITIONS CONDITION CAUSING I OF OPERATION 198. CON WAS PERI	dying, e.g., fhe discose, deoth.)  any, giving sloting lhe  ONTRIBUTING TED TO THE T.  DITION FOR W ORMED	DUE TO  (B) Hype DUE TO  (C)  HICH OPERATION  PLACE OF INJURY (e.g., inform, loctory, street, old  NJURY OCCURRED  At Not While	20A. AUTOPSYZ (Yes or I	Nol 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OTHER SIGN TO THE DISEASE OF T	ANTECEDENT CAUSES OR CONDITION DIR LEADING TO DEATH not mean the mode of , osthenio, etc. It means mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove cause (A) IG CONDITIONS of DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 198. CON WAS PERI UTING CAUSE OF y medical examiner (Month) (Doy) (Year)  y that (1) DESTRICTION  y that the causes stated	dying, e.g., the disease, deoth.)  any, giving stating the  ONTRIBUTING TED TO THE T.  DITION FOR W FORMED  218. F home, etc.)  (Hour) 218. I While While Work attended the	HICH OPERATION  (C)  HICH OPERATION  PLACE OF INJURY (e.g., in form, loctory, street, old work)  At Work  At Wo	20A. AUTOPSYZ (Yes or leave bldg., INJURY OCCUR?  21F. HOW DID IN  21F. HOW did in a second bldg. In a	Nol 208. IF YES, WERE IN CERTIFYING CA  (If in Boltimor  NJURY OCCUR?  19 ta 50  that In(my) (XXXpi	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)  11. 1969.19  Inian death accurred an the control of the cont
OTHER SIGN TO THE DISEASE OF T	ANS Samuel	dying, e.g., the disease, deoth.)  any, giving stating the  ONTRIBUTING TED TO THE T.  DITION FOR W FORMED  218. F home, etc.)  (Hour) 218. I While While Work attended the	HICH OPERATION  (C)  HICH OPERATION  CLACE OF INJURY (e.g., in form, loctory, street, old work of the control o	20A. AUTOPSY? (Yes or land) or obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN 19 and 19 an	Nol 208. IF YES, WERE IN CERTIFYING CA  (If in Boltimor  NJURY OCCUR?  19 ta 11  that In(my) (XXXpi	FINDINGS CONSIDERED LUSES OF DEATH?  The City, give exact location  The City of the exact location of the exac



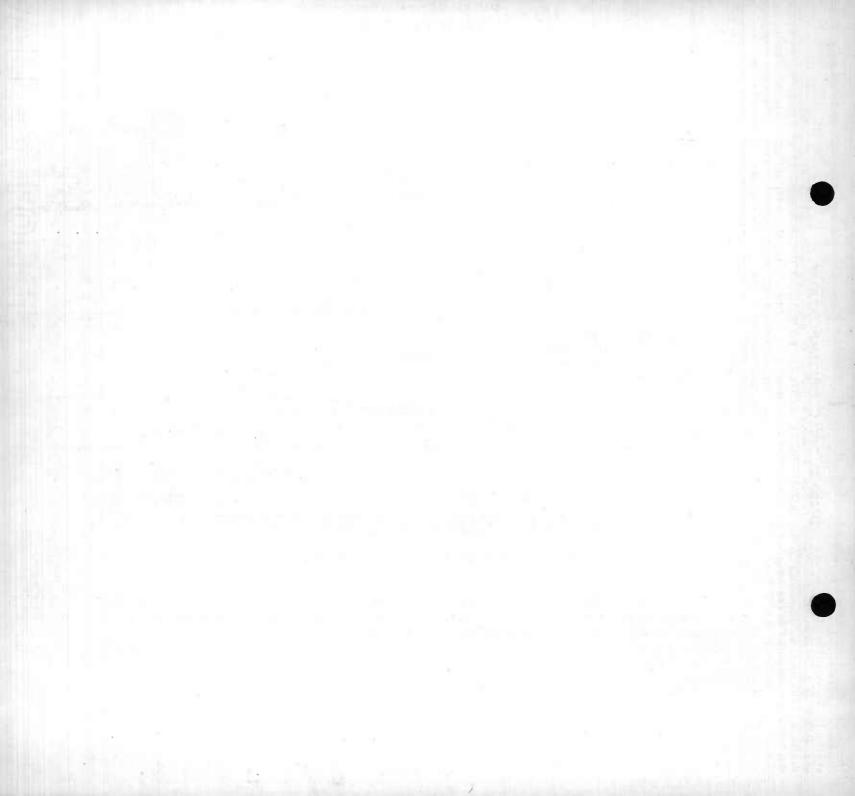


IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

50 R. M 4. USUAL RESIDENCE (Whore doceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES -NOL 21206 If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? DITHAR ADDRESS BETWEEN ONSET AND DEATH Bleed (II in Boltimore City, give exact location) JUWE ond that In(my) (our) apinian death occurred an the date 23 B, DATE SIGNED (City, town, or county) (State) 25C. FUNERAL DIRECTOR
Schimunek Funeral Home,
23331 Brenns Lane Inc.





69 6732 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. I. NAME OF DECEASED 2. DATE Known X Month Doy (Type or Print) GINA RENA TRESSLER OF Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Dov PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET June 29. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION B. COUNTY (DOA) Johns Hopkins Hospital Maryland 7. RACE C. CITY OR TOWN 6. SEX

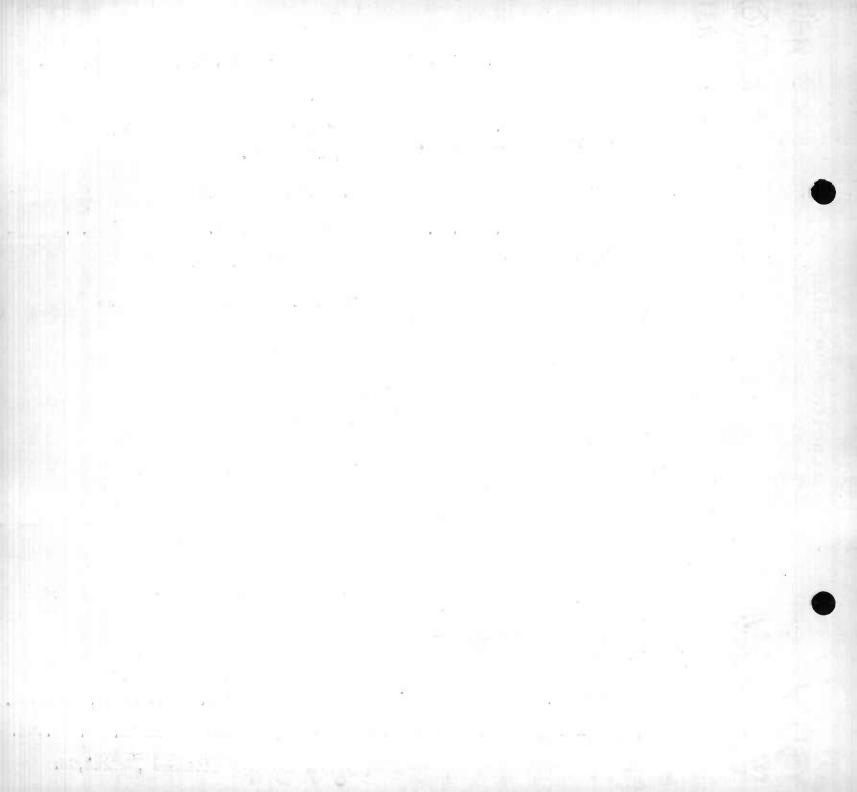
Year Hour June 29, 1969 Yeor Hour 1969 3:30 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED Baltimore Female White YES X WIDOWED . DIVORCED \_ NO . 10. AGE (In years E. STREET AND NUMBER 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. lost birthdoy) Months , Doys , Hours , Min. 78 2906 Orleans Street 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? TRE SSLE R 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) PEGGY SPENCER 16. WAS DECEASED EVER IN U.S. ARMED FORCES? B. INFORMANT **ADDRESS** (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. ABOVE NO ACK APPROXIMATE INTERVAL CAUSE OF DEATH ETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Malnutrition (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B)\_\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)\_ CERTIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 228. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (If In Boltimore City, give exact location) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) WORK Autopsy X 1 certify that I held on Inquiry Inspection and that on this basis, deoth In my opinion resulted from: Notural couses X Accident \_\_ Suicide Homicide \_\_\_ Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** June 29, 1969 Charles S. Springate, M.D. NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION 24B. DATE (City, town, or county) REMOVAL (Specify) 69 BURIAL MO SAITH 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** G. CONNELL 300 VS 151-REV. 1/1/68

IMPORTANT

DIRECTOR:

FUNERAL

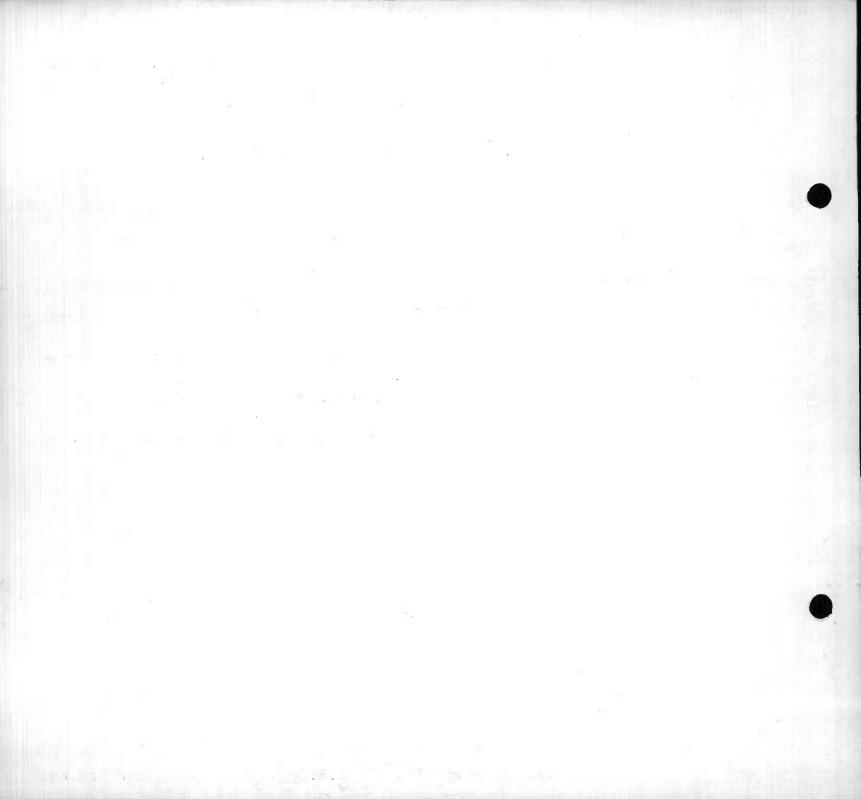
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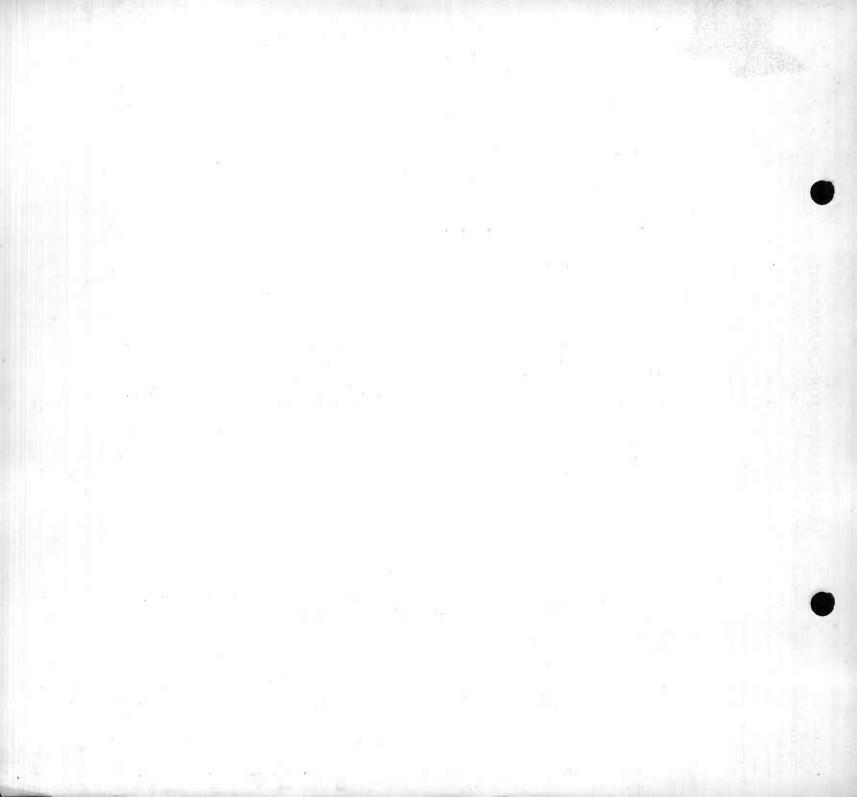


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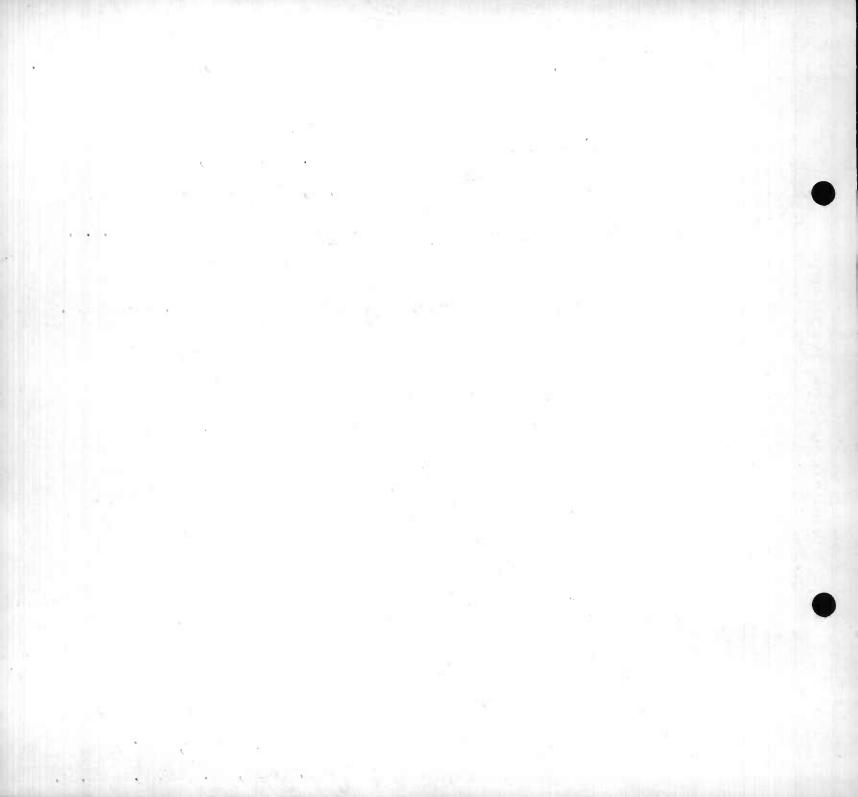
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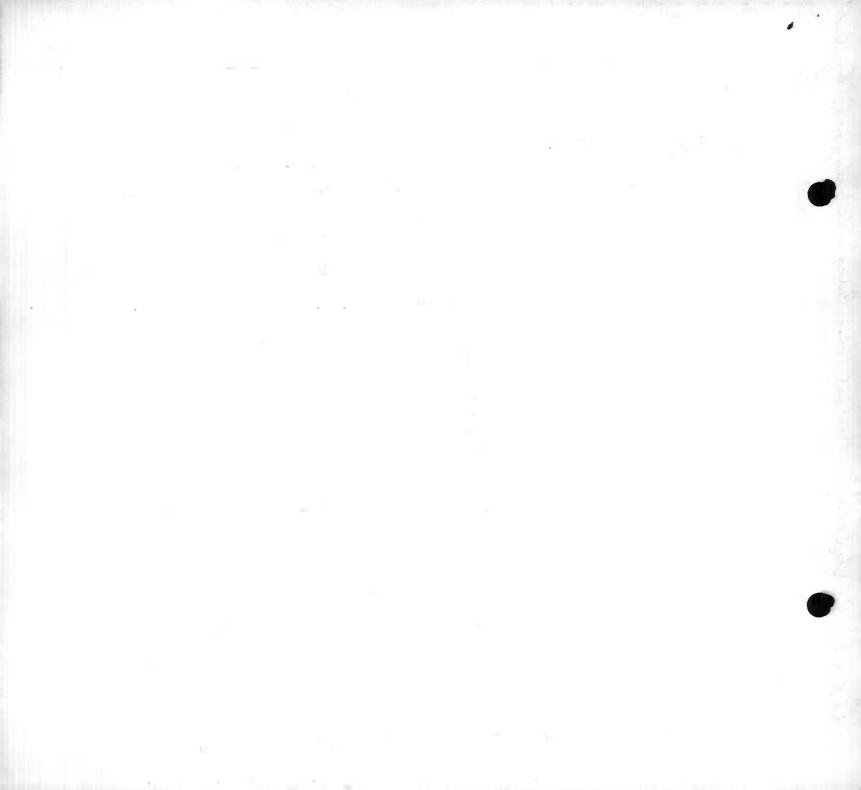


	69	673	CERTIFICA			REG. NO	69	6737
BIRTH NO.			CERTIFICA	TE OI L		HOUR OF DEATH		
		Lennert WHERE PRONOUN	ICED DEAD		SIDENCE (Where d	30, 1969	nstitution: residenc	77 A. M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUT ATION)	ION, GIVE STREET	C. CITY OR TO		D. INS	IDE CITY LIMITS?	02
90 Fay	ette Nursing	Home		Balti E. STREET AN 220 M		Ave	YES 🔀	NO [
S. SEX	6. RACE		NEVER MARRIED	B. DATE OF BI	RTH 9.	AGE (In yours birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs.
	White CUPATION (Give kind of wor f working life, even if retired)	WIDOWED	DIVORCED DIVIDUSTRY	Jan. 27	,18/6	93		F WHAT COUNTRY?
retired	(Maintence mo	an) natio		Co. Mary	Land MAIDEN NAME		U.S	S. A.
Jacob Le			& Stamping					
IS. Wos Deceose	d Ever in U. S. Armed Fo		6. SOCIAL SECURITY NO.	17. INFORMAN	erine?		ADD	RESS
no	=====	-	215-03-3086	Floren	ice Lenne	rt 220 N.	fluzenne.	Ave
heart failure injury ar ca DISEASES rise to the UNDERLYIN	LEADING TO DEATH nal mean the mode of , asthenia, etc. It meons implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he above cause (A) IG CONDITION last.	dying, e.g., s the disease, d death.) S any, giving stating the	(B) Clote	A CONSEQUENCE A	Prolie )	Hast a Esculor,	Miserce	2 1000
A DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA OF OPERATION 19B. CON WAS PER	RT 1 (A).	HICH OPERATION	20 A. AUTOI	PSY? (Yes or No)	OB. IF YES, WERE N CERTIFYING CA	FINDINGS CONS	SIDERED 1?
OR CONTRI	ENT WAS UNDERLYING [ BUTING CAUSE OF fy medical examiner)	218. P hame otc.)	farm, factory, street,	in ar obout 21 C. 1 Iffico bldg., INJU	WHERE DID RY OCCUR?	(If in Baltima)	ro City, givo exoci	t lacotian)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yoor)	(Hour) 21 E. I While Work	At Not Wh	le 🖂	HOW DID INJUR	Y OCCUR?		
that (I) (we	y that (I) (th <del>is hospita</del> I last saw the deceas	ed alive an	Jine ?	QZ 19 G	and that		Inlan death occ	curred an the date
23A. SIGNAT	MY GO	Ley C		ending h	Med. Sto	off C	23B. DATE SIGN	NED 4-1-69
NAME	WWI,C	SEY	EP, DEGREE	/	56/1/1	fellows	all	-A\ (54-4. V
Burial Burial	(Specify) 7/3/69		we of CEMETERY of CI	eteru	24D. LOC	time a	Md.	nty) (State)
25A, DATE REC'	D BY HEALTH DEPT.	25B. NAME OF		25 OF FUNE	A. Monan	Inc. 300	O E. Balt	DDRESS

6.00



1 2	BALTIMORE CITY HEALTH DEPARTMENT
BIRT 1.N	CERTIFICATE OF DEATH REG. NO. 69 6738
1. N	AME OF DECEASED
(Тур	Thomas Barry 6-30-69 1 4:25 Pm
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission)
PILL	A. SIATE & COUNTY
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
114.2	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?
3	Mercy Hospital    Baltimore   YES   NO
-	5512 N. Charles St
5. SE	EV ( DAGE
	MARKIED NEVER MARKIED A GOVERNMENT OF STATE OF S
104	W WIDOWED DIVORCED 3/2/08 67  USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)   12, CITIZEN OF WHAT COUNTRY?
done	during most of working file, even if refired)
	Auto Salesman Union Lincoln Maryland USA
13. F.	ATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Thomas Barry Maty Kane
15. W	
(Tes,	Ves Deceosed Ever in U. S. Armed Forces?  ADDRESS  16. SOCIAL  SECURITY NO.
- 1-	yes 141 2 € 2€2=01-1835 Mrs. (. Edward Jones 5512 N. Charles St.
- 1	18. CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY O
- [,	G. KAIMMEDIATE CAUSE
	heari tallure, osthenia, etc. It means the diserte.
	injury or complication which caused death.)
	ANTECEDENT CAUSES Jubillar d'houverhage
	DISEASES OR CONDITIONS, if any, of the Due to, or AS A CONSEQUENCE OF:
Hi	rise to the above cause IA) stating Like UNDERLYING CONDITION last.
-	
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
EII	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
04	Yes Yes
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Baltimore City, give exact location)
CAL	
0 2	P.D. TIME (Month) (Day) (Yeard (Hourd 215 INTURY OCCUPAND)
2 0	OF INJURY
	C & C G C VYOIK AT WORK A FACE
	22. I certify that (1) (this hospital) attended the deceased from 1969 to 1969
*	hat () (we) lost saw the deceased alive on 1969 and that in (mg) (our) opinion death occurred on the date
٥	and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.
	3A. SIGNATURE
	Allending Med. Stoff 1
2	BG. PHYS/CIAN'S DEGREE Phys. Director Phys.
	NAME (Type)
244	SHELDON EASTLAND DEGREE UNId City Bldg. Dattimore Ma
	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 7/3/169 New Cathedral Cemetery Baltimore, Maryland
25A.	DATE REC'D BY WEATTH DEPT OC 258 HAMB-OF REGISTRAL 125C. FUNERAL DIRECTOR ADDRESS
	JUL 3 1969 vaices E. Jaker M. D. John A. Manga Inc. 3000 E. Baltimana St
S 15	50-REV. 1/1/68 June 3000 E. Baltimone St.



VS 151-REV. 1/1/6B

## 69 6739 BALTIMORE CITY HEALTH DEPARTMENT

69 6739

RIR	TH NO.		MED	ICAL	EX	CAMINER'S	CERTIFIC	CATE OF	DEAT	H REG	. NO		0,00	
						2 DATE	Known K	Month	Do	,	Year	THour		
(Type or Print) SIMON WHITAKER						OF					1001	1001	4.4	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE					Year	Haur	М.	
FUL HO	L NAME OF	(IF NO		LORINS		N, GIVE STREET			June :	28, 1	1969			7.1
OK	25/1 II	114	C+				A. STATE		deceosed liv			idence b	efare admis	sian)
W	2541 Ho			10				-		TD INICI	DE CITY I	26	00	7
	Male	7. RACE Negro		WIDOV		NEVER MARRIED  DIVORCED				D. IIVS			40 <u> </u>	
	ec.1,19		10. AGE (In lost birthdo)	() 40	If Und Manth	der 1 Yr. If Under 24 Hrs. ns   Doys   Hours   Min.			St.					
	BIRTHPLACE (S		on country)			TIZEN OF	13. FATHER	SNAME						
I	infield	N.C			W	HAT COUNTRY?	Simmor	n Whitak	er Sr					
14A	USUAL OCCUP	PATION (Giv	e kind af work	14B. KIND	OF B	USINESS OR INDUSTRY	15. MOTHER	S MAIDEN NA	ΜE					
aan	Cement	Fini	sher				Lizzi	le Pavto	n					
16.	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCE	?	17. SOCIAL	18. INFORM				ADDR	ESS		
	s, na ar unknawn) 10	(It yes, give )	war or dates	at service	)	242-40-288	Lux	renia M.	Harr	is a	2541	Hol	lins	St.
_	19.	100	Y			CAUSE OF DEA								
	DISEASE	E OR COND	ITION DIREC	TIV								00,747	LIN () (10L)	NO OCAN
		EADING TO					Gunshot wound of chest							
			mode of dy					UENCE OF:	ala ann dan bir dar darah ridi dib dibedir dib dibedir dibedir					
			ch caused dea											
	AN	NTECEDENT	CAUSES			(R)								
	DISEASES C	OR CONDITI	ONS, IF ANY	GIVING		DUE TO, OR	AS A CONSEC	QUENCE OF:						
7	UNDERLYIN			IINO INC		(c)								
Õ		-	11			(0)								
CERTIFICATION	TO THE DEA	ATH BUT NOT	NDITIONS CO TRELATED TO GIVEN IN PA	THE TERM	INAL	,00000000000000000								
RTI						WHICH OPERATION W	AS PERFORM	ED			21	. AUTO	PSY? (Yes	ar Na)
$\ddot{\circ}$	2		100									Ye	s	
* AL		NAL CAUSE			22B. P	LACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	(If in Boltima	re City, g	ive exoct lo	cation)		
MEDICAL	UNDERLYING UTING CA				home,			2541 Hol	lins S	St.	20	14		
X	22D. TIME (			) (Hau	r) 22	E.INJURY OCCURRED	2							15 1
	(APPROX.) 6	-28-69	1:4	5 A	m. W	HILE AT NOT	WHILE	Shot dur	ing a	tero	ation			
	23.				m.j w	ORK AIV	DEATH Stimoted June 28, 1969  3. DATE PRONOUNCED DEAD June 28, 1969  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE Maryland  D. INSIDE CITY LIMITS?  C. CITY OR TOWN  Baltimore  24 Hrs.  13. FATHER'S NAME  2541 Hollins St.  13. FATHER'S NAME  Lizzie Payton  18. INFORMANT  19. DEDIATH  APPROXIMATE INTERVAL  BEDIATE CAUSE Gunshot wound of chest  10. OR AS A CONSEQUENCE OF:  10. OR AS A CONSEQUENCE OF:  10. OR AS A CONSEQUENCE OF:  10. ON WAS PERFORMED  22C. WHERE DID (If in Boltimore City, give exact location)  24 Hrs.  2541 Hollins St.  2541 Hollins St							
	I certi	ify that I h	eld an I	nquiry [		Inspection Au	tapsy X	and that an t	his basts,	death 1	ln my api	nian		
	result	ed fram: N	latural cau	ses	Ac	ceident Suici	le Ho	micide XX	Undetermi	ned ma	nner 🗌			
		6	1	01	)	1 1	(	CHIEF MEDICAL I	EXAMINER				DATE SIC	MED
	ACTUAL	IDE (	lion	27	1	Sal MI	ASSI:	STANT MEDICAL	EXAMINER	KX.			DAIE 31G	IVED
	SIGNATU EXAMINI	FR'S						CIATE MEDICAL I	XAMINER			6-2	8-69	
	NAME (T	ype) C		S. S	_	ngate, M.D.								
	A. BURIAL CREA	(V)	24B. DATE	0/10	240	Lastin La	ar CREMATO	24D.	LOCATION	19	y, tawn, or	caunty)	(Sto	ate)
25	A. DATE REC'D	BY HEALTH'	DEPT	258. N	JAME	OF REGISTRAR	25C. F	UNERAL DIRECT	OR	14	ADDI	RESS		
	*	1111	(a) / 10£		1. 1	12 C stalle De	7 (h)	-111 -	. 4	111		. 0	7 / /	- /

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BIRTH NG 8-11634 69 67		TE OF DEATH	REG. NO	9 6741 ~
I.NAME OF DECEASED  (Type or Print)  Baby Girl of	And Alexan	2. DATE AN	D HOUR OF DEATH	4:40 A.,
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO			, ,	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN:		Maryland	11	1304
INSTITUTION		C. CITY OR TOWN	D. INSII	DE CITY LIMITS?
33		Baltimore E. STREET AND NUMBER		YES NO
The Johns Hopkins Hosp	oital	3420 Auchen	toroly Ter	race
Female Negro 7. MARRI WIDOW	ED DIVORCED	6/30/69	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE  State or forei	gn cauntry)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
		Brenda T. G		
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dates of servic	1 6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS
18.	CAUSE OF DEAT	<u> </u>		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e	(A) IMMEDIATE CAL	Carlin and a	anest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heart loiture, asthenia, etc. It means the disco injury or complication which coused deoth.)  ANTECEDENT CAUSES	se, with	be cong. and	molies	
DISEASES OR CONDITIONS, if any, givinse to the obove couse (A) stoling the UNDERLYING CONDITION lost.		A CONSEQUENCE OF:	3 \	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN, DISEASE OR CONDITION GIVEN IN PART 1 (A).	G			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN, DISEASE OR CONDITION GIVEN IN PART (A).  179A. DATE OF OPERATION 179B. CONDITION FO WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING [7]	R WHICH OPERATION	YES	208. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTINO CAUSE OF DEATH Inotify medical examines	218. PLACE OF INJURY (e.g., in nama, form, factory, streat, of etc.)	n ar obout 21C. WHERE DID	(If in Baltimare	City, give exact location)
S OF INJURY	While At Work  Wark		JRY OCCUR?	
22. I certify that (this hospital) attended		6/30 1	9 <u>69</u> ta	7/2 19 69
that (1) ( last saw the deceased office o		219	it in (my) ( apin	ion death accurred an the date
and have and from the causes stated above	(I) (qlq) (amaga A	lew the bady after death.		
23A. SIGNATURE SELL Sarnth	D DEGREE Phys	nding Med.	Staff Phys.	23B, DATE SIGNED
23C.PHYSICIANS NAME (Type) Stephen E. Barnet	M D	The Johns Hop		tal
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERT OF CRE			, lawn, or caunty) (State)
Cremation 7/2/69 T	ne Johns Hopk	ins Hosp. 601	•	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E of REGISTRAR	25C. FUNERAL DIRECTOR	T. DISPOS	ADDRESS
VS 150-REV. 1/1/68		OTTAIN TITE		



	0 1	Call.		
MED	ICAL	EXAMINER'S	CERTIFICATE	OF DEATH

P-626	69 6742 BALTIMORE CITY HEAL MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH REG. NO. 69 6742				
	BIRTH NO.	DAYS W. F. W. I. D. V. Bu				
	(Type or Print)	2. DATE Knawn 12 Month Day Year Hour OF DEATH Estimoted  M				
	JAMES A. PARKER  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	UCAIII				
43	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVESTREET	PRONOUNCED DEAD				
	HOSPITAL ADDRESS OR LOCATION)	July 1, 1969 8:20 a.v. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)				
79		A. STATE B. COUNTY				
	South Balto. General Hospital D.O.A	The service of the se				
	MAKKIED - NEVEK MAKKIED					
	Male Colored WIDOWED DIVORCED	Balto. YES NO				
	9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Days, Hours, Min.	E. STREET AND NUMBER				
	1-30-1904 65	2417 Calverton Heights Rd.				
	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME				
	Heathville, Virginia U.S.A.	Unk.				
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME				
	Retired Jarka Corp.	Louise Kenner				
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, ng or unknown)() (Yes, give wor or dates of service) SECURITY NO.	18. INFORMANT ADDRESS				
		Mrs. Ruth Kelly 2605 Dension St.				
	19. 44 CAUSE OF DEATH					
	DISTACT OR CONDITION DIRECTLY	BETWEEN CHOCK AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AUSEHypertensive cardiovascular disease				
	(This does not mean the mode of dying, e.g., DUETO, OR AS	S A CONSEQUENCE OF:				
	heart foilure, osthenio, etc. It means the disease, injury or complication which coused deoth.)					
	DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO, OR AS	S A CONSEQUENCE OF:				
	I KISE TO THE ABOVE CAUSE (A) STATING THE	3 A GONDERGE GT.				
	Z UNDERLYING CONDITION LAST. (C)					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
	DISEASE OR CONDITION GIVEN IN PART 1 (A).					
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	S PERFORMED 21. AUTOPSY? (Yes or No)				
		YES				
		n ar about 22C. WHERE DID (If in Baltimore City, give exoct location)				
	UNDERLYING OR CONTRIB. home, form, foctory, street, office uting Cause of Death.	blug, etc.)				
	22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?				
	OF INJURY (APPROX.)  MILE AT NOT W WORK AT WO					
	23.	784				
	I certify that I held on Inquiry Inspection Auto	opsy 📉 and that on this basis, death in my opinion				
	resulted from: Notural couses XX Accident Suicide					
		CHIEF MEDICAL EXAMINER				
	ACTUAL AS ONE.	ASSISTANT MEDICAL EXAMINER   DATE SIGNED				
	SIGNATURE M.D.					
	NAME (Type) Werner II. Statz M.D. Deput	associate Medical Examiner July 1, 1969				
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of					
	REMOVAL (Specify)					
	Burial 7-5-69 Zion Bapt.					
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
	111 2 1969 Palate Jake Met	MORTON & DYETT F.H. 1701 Laurene St				

VS 151-REV. 1/1/68

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1-30-1904 65

Retired

Mesthyilie, Virginia U.S.A. Unk.

Janks Corp. Louise Kenner

215-09-3271 Mrs. Ruth Kelly 2605 Dension St.

Istant

7-7-69 Zion Babt. Ch. Com. Lotteburg, Virginia

MORTOS & DYETT F.H. 1701 Laurens St.

VS 150-REV. 1/1/68

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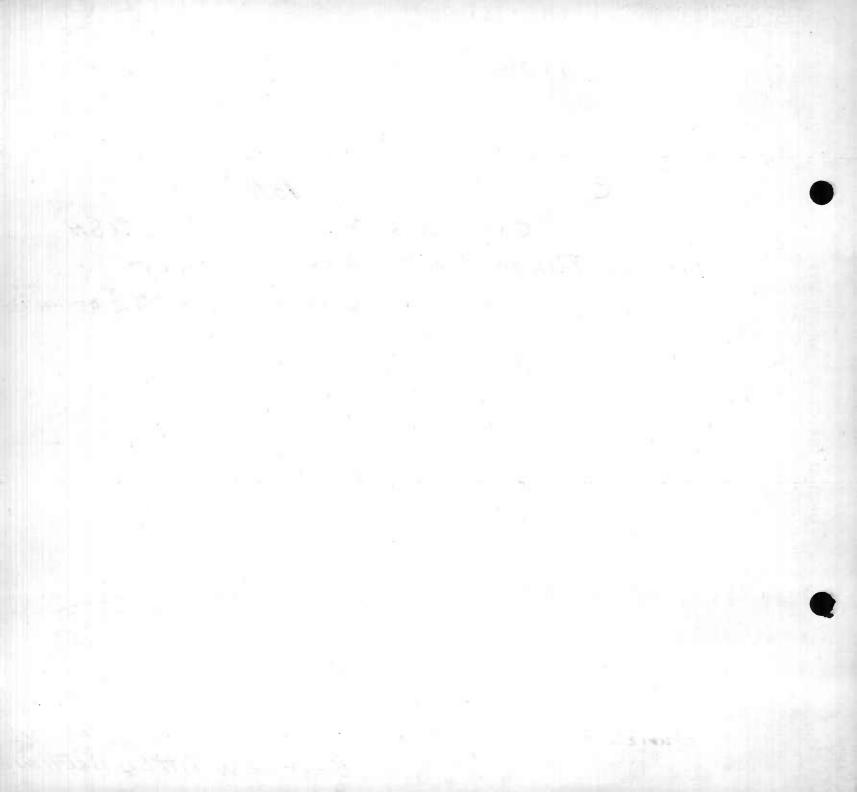
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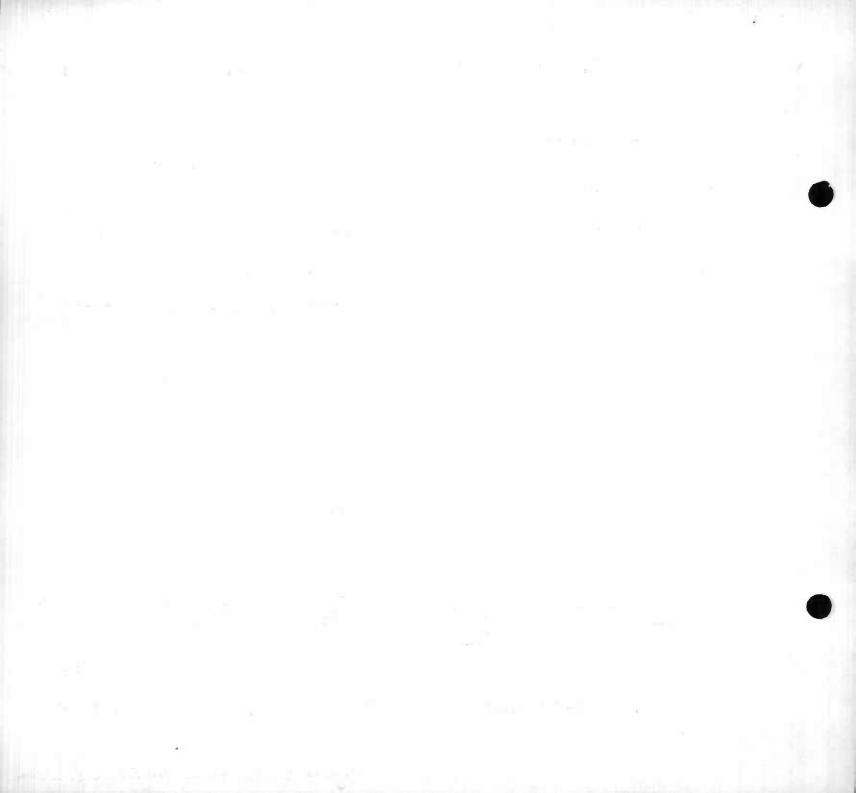
Potel D. Albert Committee Property

News wash native tone with his implication

5.	5-7-1	69 6745 BALTIMORE CITY HEALTH DEPARTMENT X	
J -	7500	CERTIFICATE OF DEATH REG. NO. 69 6745	C
ì	of deatl Decease e on the	AME OF DECEASED	
-		Smith, 7010N 6-23-69 143	A M.
	d e d	A. STATE B. COUNTY	damis sion)
2	de de de	LE NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  LE NAME OF ADDRESS OR LOCATION)  LE NAME OF ADDRESS OR LOCATION)  LE NAME OF ADDRESS OR LOCATION)	
	caus use; (	Day I materia Mal ves D	7
.1	atto	leasant mann Nursing Home E. STREET AND NUMBER	3
	de de	RT 1 80X89	
	rribu mine gula ed mad	Months: Doys Hours	der 24 Hrs. Min.
	orcor ontrib ermin regule eased is ma	WIDOWED DIVORCED 12-7-8879 69  USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT	COUNTRY?
4	or con linder s in december it ion	during most of working life, even if retired)	
-	Un Un des	FATHER'S NAME	
_ ×	war the spos	WILLIAM Thomas Smith Anne Tucker	
Z	d: 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	mi
MPORTAN	kin ded ded ina	, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	na Tox
og S	if if if if if if if if if if if if if i	18. CAUSE OF DEATH  CAUSE OF DEATH  BETWEEN ONSET	41416111111
AP :	den + 0	DISEASE OR CONDITION DIRECTLY	AND DEATH
≤ ;	Als	LEADING TO DEATH  (This daes not mean the mode of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF:	NO
ä	pro cto	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
0	ge -	ANTECEDENT CAUSES	
5	wh wh	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:	
DIRECTOR	(3) (3) in in is a	rise la lhe abave cause (A) stoling the UNDERLYING CONDITION last. (C)	
	dical dical rrns; rsicia was main		
AL	bur bur hys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
<b>X</b>	A Cip	DISEASE OR CONDITION GIVEN IN PART 1 (A).  198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED	
UNERAL	the the	you 69 Carcinona Isladdy wo yo	
5	for tor	21 A. A. CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	0
- 12	Se in	DEATH (notify medical examinet) etc.)	
	osp osp turitur (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While At	
	cep ho	Work I work I	
	any (ex (ex obt	22. I certify that (1) (this hospitol) ottended the deceased from 6-12 1969 to 6-23	1967
		that (I) (we) lost sow the deceosed clive on	on the dote
		ond haur and from the couses stoted abave. (1) (We) (did) (did nat) view the body ofter death.  238. DATE SIGNED	
	POPE	Manual & Landon Med. Shoff   6/23/	8
		Z3C. PHYSICIAN'S [23D. ADDRESS	
	y was rely y was rely 1) An acci ).A. at a b d prior to approval	TRANK G. KUFHN MP 721 Med ards Red, Balto,	1 mg
	certificate body was l vs: (1) An a D.O.A. at ased prior	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (9ty, town, or county)	(Stote)
	od) S: () D.O ase	Burial 6-26-69 Cadar Church Cap Darlington Ha	Mid
	S > S +	DATE REC'D BY HEALTH DEBT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	W 4
5	sho k	1303 wish waster, M.D. Geor Be W 11tt Le Bel.	17/18/
		150-REV. 1/1/68	



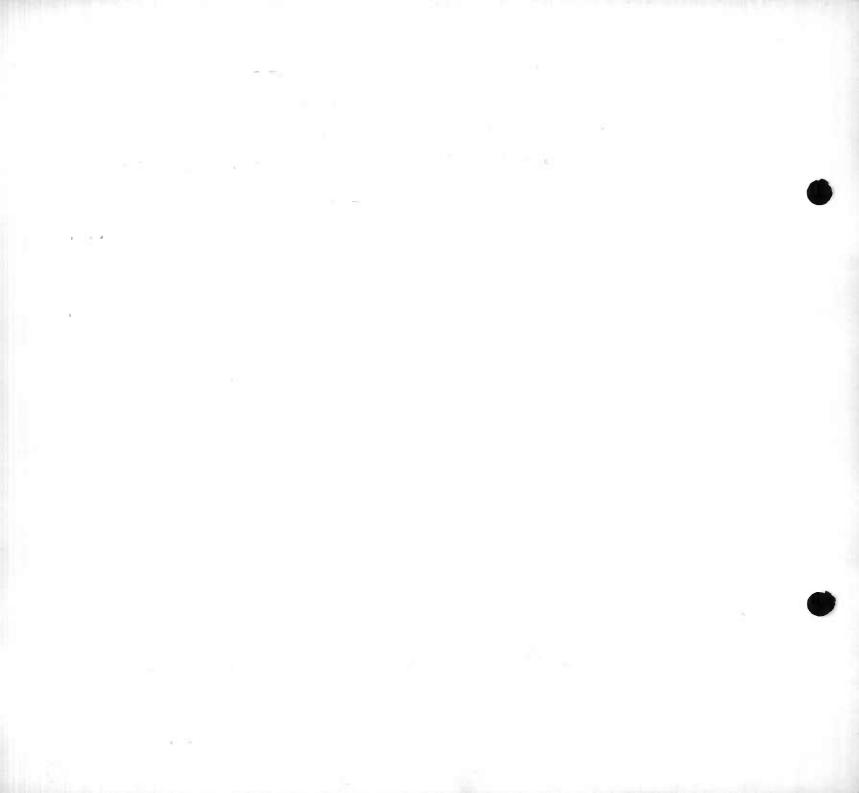


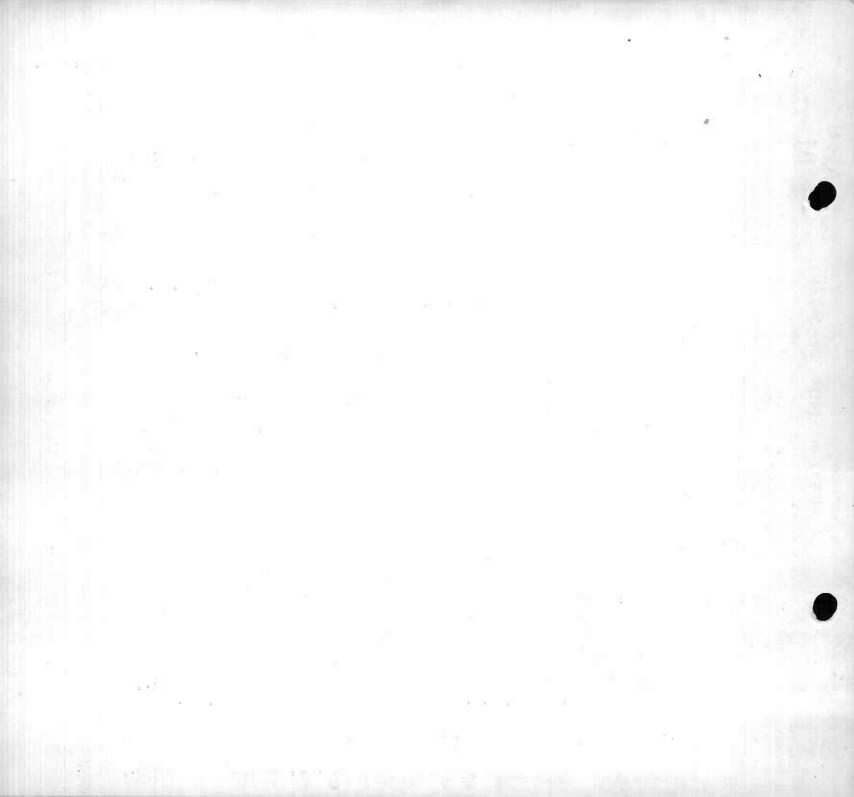


IMPORTANT

FUNERAL DIRECTOR:

	00	OPI	BALTIMORE CIT	Y HEALTH DEPARTMENT		0.0
BIRTH NO.	69	674	CERTIFICA	TE OF DEATH	REG. NO	69 6748
1. NAME OF DE	CEASED				AND HOUR OF DEAT	н — — — — — — — — — — — — — — — — — — —
	Anna Py	SZ				A
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. II	institution: residence before admission
FULL NAME OF	THEOR IN HOSPIT	AL OR INSTIT	IIIION CIVE STREET	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DIVIT	7 2 2
HOSPITAL OR			UTION. GIVE STREET	Maryland Ho		SIDE CITY LIMITS?
111	St.Agnes H	ospital		Jessup	J. 114	YES NO
40	Caton & Wi			E. STREET AND NUMBER		123 100
	Baltimore,	Maryla	nd 21229	Washington B	lyd. Box 230	#2020/1
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. Il Under 24 Hrs
Female	White	WIDOWED	DIVORCED	6	0.0	Months Doys Hours Min.
OA. USUAL OCC	UPATION (Give kind of work working lite, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lo	reign countryl	12. CITIZEN OF WHAT COUNTR
lone during most of	working life, even it refired)		usewife	Poland	- HT-1 - D-1	
3. FATHER'S NA	ME		200113.10	14. MOTHER'S MAIDEN N.	4445	US.A.
		K.	areran	MAIDEN N	AME	
5 Was Dansey	Ever in U. S. Armed For			46		
Yes, no or unknow	Ulf yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	Man Ninal	0- : : :	Box 239
				Mrs Nicholas Washingtor	pasiadek Rivd	
18.	T. 49.		CAUSE OF DEAT	H	1 DIVU	Jessop Md.
DISEA	SE OR CONDITION DIE	ECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAU	SE STURMONIONE	1 Chapiliens	/
(This does the heart failure.	not mean the mode of asthenia, etc. It means	dying, e.g.,		A CONSEQUENCE OF:	VADITICAL	
injury or con	nplication which caused	death.)			Hernia	-
1	ANTECEDENT CAUSES		AV T			1
DISEASES (	OR CONDITIONS, If	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*************************	**************
rise to th	e above cause (A) G CONDITION last	staling the				
CREETIN			(c)			
Z OTHER SIGNIS		170101171110	/ /	./ / . /	Myrcara	lial
TO THE DEAT	FICANT CONDITIONS CONTINUES TO THE	DE SERVATA A A A	(Durestive	e Heart Failure	- Tschow	1/a -
19A. DATE OF	ONDITION GIVEN IN PART OPERATION 198 CON	1 (A)	VHICH OPERATION	20A. AUTOPSY? (Yes or N		
OTHER SIGNIII TO THE DEAT DISEASE OR C 19A. DATE OF	WAS PERF	ORMED	THE OF ELECTION	AUTOPSTATIES OF IN	IN CERTIFYING CA	FINDINGS CONSIDERED
21A. ACCIDE	NT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID		
OR CONTRIBLE	JTING CAUSE OF medical examines	ham etc.)	, form, foctory, street, all	ice bldg. INJURY OCCUR?	(il in Bollimo	re City, give exoct location)
					_	
OF INJURY	(Month) (Doy) (Yearl		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)		Worl	Not While	'□		
22. I certify	that (1) (this haspital)	attended th			.19ta	
	last sow the deceased		Trull assessment	10		19
			All Adams day	ond t	hat in (my) (our) opl	nion death occurred on the date
23A. SIGNATU	prom the causes state	0 above. (1)	(We) (did) (did not) vi	ew the body after death.		
2071010101010	The state of the s	1	in A	dia — III —	a. a. A a.	23B. DATE SIGNED
22.0.04444	10019		R QUIRAGE After	ding Med.	Staff Physic	<b>July</b> 5'69
23C. PHYSICIA NAME (T	ype)		2	3D. ADDRESS		
A. BURIAL CRE	MATION. 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. 1	OCATION (Ci	ity, town, or county! (Stote)
Buria	July 5	169	Holy Rood		tbury L.I.	
SA. DATE REC'D		25B NAME OF		25C SUMERAL DIST	coura nete	MEM TOLK
			E. Jabes M.D.	Funeral Hom	Howard Co	unty ADDES licot
S 150-REV. 1/1/6		الاستاناتان و	THE THEORY THE	J. WICTAT HOW	or narry	Witzke City
	/ W					





IMPORTANT

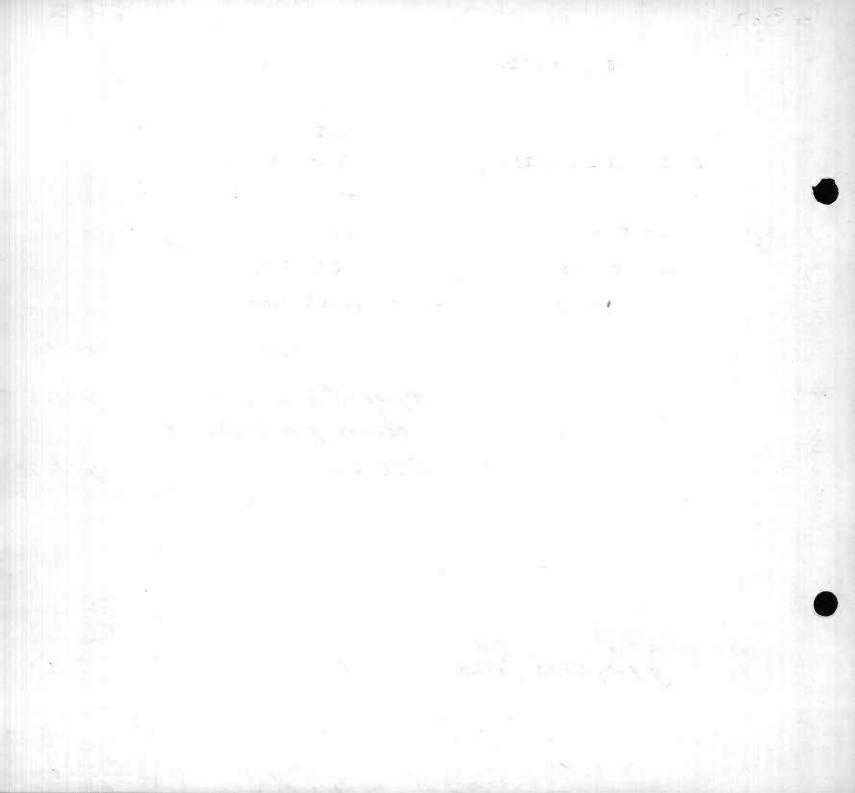
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

Social Security Card issued 12-30-1936 to Jas. Milton Bell #217-01-5312 M.H. 3-25-71

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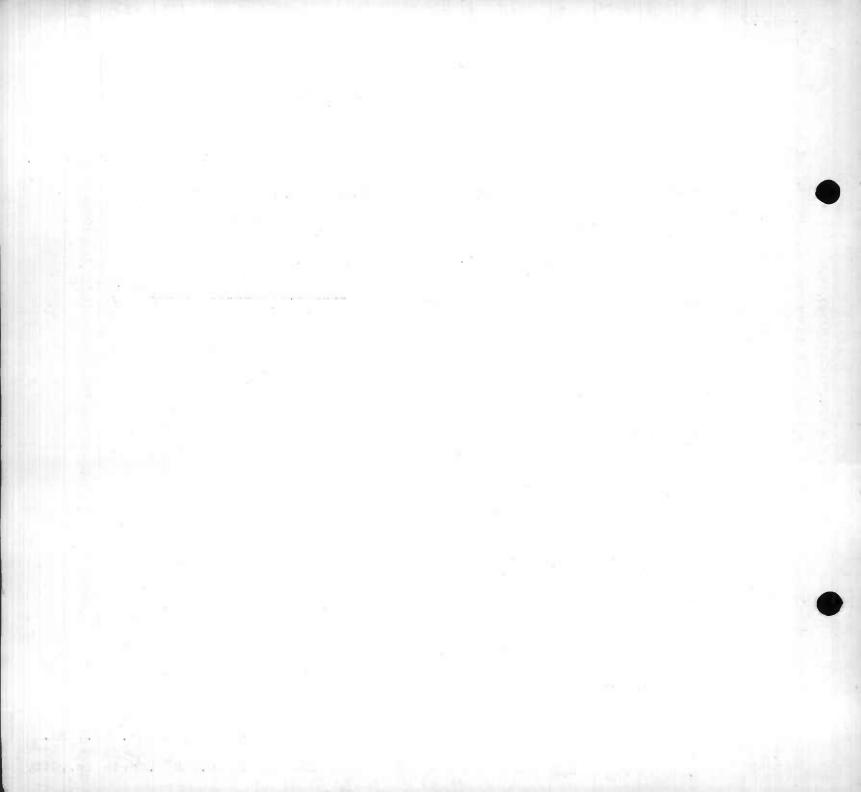
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VS 150-REV. 1/1/6B

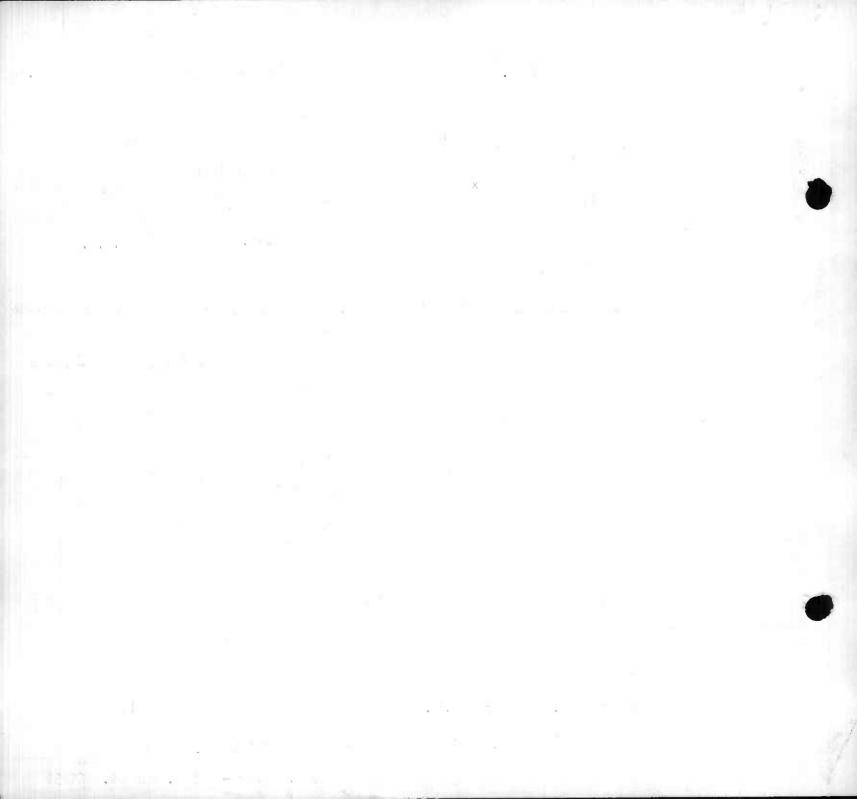
	65	673	BALTIMORE CITY	HEALTH DEPARTME	ENT	69 6753
	00	011		TE OF DEA	TH REG. NO	00 0700
BIRTH NO.			CERTIFICA			
NAME OF DEC	EASED		AMELIA	2. D.	ATE AND HOUR OF DEAT	Н
Type or Print)	15 K = 1-1	IN DIE NI	E. SHAW/	Mar) Ti	14 3,1969	1 5.30 1.
2 BLACE IN BAL	TIMORE MARYLAND, W				E (Where deceased lived, If	institution: residence before admissio
S. PLACE IN BAL	TIMORE, MARTLAND, W	HERE PRONO	UNCED DEAD	A. STATE B.	COUNTY	1111
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	XXXXXX	XXX - MARY	LAND 12.01
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN		NSIDE CITY LIMITS?
N3111011014				3		~ ~
11 K	ESWICK			IDALTI	MOKE	YES NO NO NO NO NO NO NO NO NO NO NO NO NO
//	C 3111CI			E. STREET AND NUM	Th -1	3811 conterpary
				XXXXXXX	XXXXXXXXXXXXXX	Ambassador Apts.
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
FEMALE	WHITE	WIDOWED	= =	JAN. 10, 18	177   lost birthdoyl	Will.
OA. USUAL OCCI	UPATION (Give kind of world		BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNT
one during most of	working life, even if retired)					
Hous	EWIFE	NON	E	MARYL	AND	USA
3. FATHER'S NA	ME			14. MOTHER'S MAIN		
				RO	SINA.	
OHN GE	ORGE JA	TAW		AMELIA	WAIDNER	
S. Wos Deceosed	Ever in U. S. Armed For	rces?	1 6. SOCIAL			K and family
es, no or unknown	(If yes, give wor or date	es of service)	SECURITY NO.	O/ A RE	CORDS: KESWIC	and ramily
No			220-44-2804	10000	6. Feller	-71 - Keswick
100 21 10				1 000	0	APPROXIMATE INTERVAL
18. 4	4 V		CAUSE OF DEAT	7	0	BETWEEN ONSET AND DEA
DISEA	SE OR CONDITION DI	RECTLY		treeressa	Cerotic	DETWEEN GROEF AND DE
0.0271	LEADING TO DEATH		Cas	Niner of	2 1	1111
171: 1			(A) IMMEDIATE CAL	SE 10 VIII Ceck	a renal	4/02
	ial mean the made af osthenia, etc. Il means			A CONSEQUENCE OF:	D ·	/
	plication which caused				desease	
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	e obave cause (A)	, , ,				1
	G CONDITION last.	oraning inv	(c)			
-						
OTHER SIGNIE	CANT CONDITIONS CO					
	H BUT NOT RELATED TO T					
19A. DATE OF	ONDITION GIVEN IN PAR		WHICH OPERATION	20 A. AUTOPSY? (Ye	s or No. 208 IF YES WER	RE FINDINGS CONSIDERED
19A. DATE OF	WAS PER	FORMED	WHICH OFERATION	ZOA. AUTOFSI; (Te	IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDE	NT WAS UNDERLYING	21 6	PLACE OF INJURY (e.g., ine, form, foctory, street, o	in or obout 21 C. WHERE	DID (If in Boltim	nare City, give exoct lacotian)
OR CONTRIBL	NT WAS UNDERLYING	hor		ffice bldg., INJURY OC	CU R?	
DEATH Inotify	medical examiner	etc	J.			
	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21E HOW D	DID INJURY OCCUR?	
OF INJURY	tivionini tody, tredi				DID MIJORI OCCOR.	
(APPROX.)		W	nile At O Not While	le 🗍		
				11000	0 17	3 0 0 16
22. I certify	that (1) (this haspita	1) attended t	he deceased from	moza	196/to	3 24 1969
			2 /2l	1965	Charles Manage	atalan danid di di d
that (I) (we)	last saw the decease	ed alive an	V X	19.50	and that in (my) (aur) a	pinian death occurred an the d
and haur and	d fram the causes sta	ted above. (	i) (We) (did) (did not) ,	iew the bady after o	death.	
23A. SIGNATU		0 0				23 B. DATE SIGNED
2013.31017410	1 to 1 . 0 0	() L	as OUNT.	anding the same	- s	- 1 - 1 -
	1 crold	1.10	N N	ending Med. s. Director	r Staff Phys.	3 ml 6/
22 C PHYSICIA	AFC		DEGREE		1.0740	1 0 /
23C. PHYSICIA NAME (T	ype)			23D. ADDRESS		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			DEGREE		la in a series	16:
4A. BURIAL CRE		24C. N	AME of CEMETERY or CR	EMATORY	24D. LOCATION	(City, town, or county) (Stote)
REMOVAL (			n 2 2 m. 2 2	Comodo	Dileaged 11a	Polto Co Ma
BUR	IAL   7/5/69		Druid Ridge	cemetery	Pikesville,	Balto. Co., Md.
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS

STEWART

MOWEN CO.108 W. North Av., Cityl



	2002	BIRTH NO. 69 6754 CERTIFICATE OF DEATH REG. NO. 69 6754	
	of death of death Deceased e on the	BIRTH NO.  1. NAME OF DECEASED  (Type or Print)  Edward  2. Date and hour of Death	_
	of d Dece	ANTHONY & BAJERONAS 7-5-69 3:45 P.	M.
hosp ise (5) and dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ASTATE B. COUNTY  MARYLAND  201	(n)	
	ting cause; r attend	THE JOHNS HOPKINS HOSPITAL  3 3 BALTIMORE, MD 21205  C. CITY OR TOWN BALTIMORE PL. STREET AND NUMBER	
	D .=	1913 BANK STREET	
5	contribut cermined regular eased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yoors lost birthdoy) Months: Doys Hours Min.	
	or condet	IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  Longshoremen  Stevedore  Baltimore, Md.  U.S. A.	RY?
1	= 5 € ¥ ± q²	GEORGE Bajeronas AGNES Lewandowski	
ORTAN	the di kind; death nce on final di	15. Wes Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS   SECURITY NO.   213-10-488   Mrs. Julia Bajeronas 1913 Bank Street #21231	
examiner or his examiner. Also, 3) A fracture of a who pronounce in regular attendare embalmed of	fan, fan, fan, fan, fan, dor	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY	
	4 6 6 9 E	LEADING TO DEATH  1This does not mean the mode of dying, e.g., heat failure, asthenia, etc. Il means the disease, injury or complication which coused death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:	
	Xamina) A fr who m reg	DISEASES OR CONDITIONS, il any, giving nise to the obove cause IA) stoling the	
AL	medical dy burns; (c) physician cian was in he remains	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE TERMINAL CONTRIBUTION GIVEN IN PART 1 (AL.	-
UNER	Book	WAS PERFORMED 20A. AUTOPSTY IT OF SITE OF DEATH?	_
II.	12 5 g d	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBUTIO	_
	the hospita ny nature; except who and (6) No obtained be	21D. TIME (Month) (Doyl (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While AI Not While At Work	-
•	0 0 0	22. I certify that (1) (this hospital) ottended the deceased from 19 19 to 19	- te
3	7 2 2 7	and hour and from the couses stated obove (1) (We) (dld) (bld not) view the body ofter deoth.  23A. SIGNATURE  23B. DATE SIGNED	_
	acci a h r to val	Attending Med. Director Director Phys. 23C.PHYSICIAN'S NAME (Type)  23D. ADDRESS	_
	y was rel (1) An acc ).A. at a l ad prior to	STEPHEN C. ACHUFF M.D. THE JOHN'S HOPKINS HOSPITAL  24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stotel	-
	ws: ( s D.C s D.C	Burial 7/9/69 St. Stanislaus Cemetery Baltimore, Maryland	
1	sho de de de de de de de de de de de de de	JUL 7 1969 July 7000, George A. Weber - 705 S. Ann St. #21231	_
-	the body shows: (1) was D.O. deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	



VS 150-REV. 1/17

helter from U.S. P. H. S. Herpital 7-23.69 M. H. A1450

69 6756 BALTIMORE CITY HEALTH DEPARTMENT

D		MED	ICAL	EXAMINER'S	CERTIFICATE	OF DEAT	H REG NO	69 6756
	RTH NO.						KEG, NO	
	NAME OF DECEASED				2. DATE Knawn	_	Doy	Year Hour
Ľ	WILLIA				DEATH Estimat	ed   July	1, 1969	1:30 P.
	PLACE IN BALTIMORE, MAR				3. DATE	Month	Day	Year Hour
	LL NAME OF (IF NOT SPITAL ADDRES	IN HOSPITA	LORINS	TITUTION, GIVE STREET	PRONOUNCED DE	July	1,1969	1:30 P.
	INSTITUTION		,			(Where dece osed li	ved. If institution:	residence before odmission)
1	1917 Dwild III	11 A.s.		(DOA)	A. STATE		B. COUNTY	1412
6	1817 Druid Hi	II AVE			C. CITY OR TOWN	yland	D. INSIDE CIT	V HMITS2
				RIED NEVER MARRIED			D. IIVSIDE CIT	T LIMITS:
	Male Negro		WIDOV		Baltimore		YES	s U NO U
9.	DATE OF BIRTH	10. AGE (In last birthday	years	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AND NUM	BER		
	8/3/95	i dan bir migd	74		1817 Druid	Hill Aver	ue	
	BIRTHPLACE (State or foreign	cauntry)		12. CITIZEN OF	13. FATHER'S NAME			
	Manual and			WHAT COUNTRY?	William	Allen		
	Mary Land	kind of work	AR VINI	OF BUSINESS OR INDUSTR				
dar	e during mast of working life, eve	n if retired)			Alice	III IIII		
	Chauffeur			ired				
16.	WAS DECEASED EVER IN U	S. ARMED	FORCE:	SP 17. SOCIAL	18. INFORMANT		ADI	DRESS
1.	s, na ar unknawn) (If yes, give we YOS WW1	ar or dures	Q1 36141CC	217-01-367	1 Hattie Wi	inder 181	17 Druid	dHill Ave.
_	19. / / /			CAUSE OF DEA	TH	-		APPROXIMATE INTERVA
	71 41			Antonio	sclerotic ca	ndi arra a a r 1		BETWEEN ONSET AND DE
	DISEASE OR CONDIT		CTLY	VICELIO	scielotic ca	Idiovascui	ar disea	se
	LEADING TO (This does not meon the n	_	laa	(A)IMMEDIATE				
	heart failure, osthenia, etc.	It means the	disease,	DUE TO, OR	AS A CONSEQUENCE OF	:		
	injury ar complication which	caused dea	ith.)					
	ANTECEDENT C	ALICEC						
			GIVING	(B)	AS A CONSEQUENCE O	F:		
	DISEASES OR CONDITIO	SE (A) STAT	ING THE					
Z	UNDERLYING CONDITION	ON LASI.		(C)				**********
CERTIFICATION		1						
S	OTHER SIGNIFICANT CON							
표	TO THE DEATH BUT NOT F				***************************************			
RT	20A. DATE OF OPERATION	20B. CON	NOITION	FOR WHICH OPERATION W	AS PERFORMED			21. AUTOPSY? (Yes or No)
S	0							
Y	22A. EXTERNAL CAUSE V	VAC		22B. PLACE OF INJURY(e.g.,	in as about 22C WILED	E DID /II in Politima	ra Citu niva avas	no
0	UNDERLYING OR CONT			hame, form, foctory, street, office	e bldg., etc.) INJURY OC	CUR?	re City, give exac	riocanon)
G	UTING CAUSE OF DEAT	Ή.						
2	22D. TIME (Month) (Do	y) (Year	) (Hou			DID INJURY OCC	UR?	
	(APPROX.)				WHILE			
	23.				TORK			
	I certify that I he	ld on I	nquiry [	Inspection XX Au	topsy ond the	ot on this bosis,	death In my o	pinion
	annuland from Ne	Cont and	<del>V</del>	Accident Sujai	de Homicide	] IIndotomi	ned monner	i
	resulted from: No	10741 600	A A	Accident July			To monner L	
	ACTUAL	/ ,	11	11. 11		DICAL EXAMINER		DATE SIGNED
	SIGN ATURE	wy	И	Llas V M.E	ASSISTANT ME	DICAL EXAMINER	lxi	
	EXAMINER'S Ron	ald N	. Kor	nblum, M.D.		DICAL EXAMINER		7/2/69
	NAME (Type)							
		B. DATE		24C. NAME of CEMETERY		24D. LOCATION		
	MOVAL (Specify)	7/7/	69	Baltimore	National	Baltin	nore, M	aryland
	Burial DATE DECID BY HEALTH D	EDT	OED A	NAME OF REGISTRAR	25C. FUNERAL			DDRESS
23	A. DATE REC'D BY HEALTH D	Eri.	238. N	MAME OF REGISTRAK				
					Charles	s A. Rice	661 W	. Barre St.
VS	151-REV, 1/1/6B							
	101		1 (1	1 4 9 B D	0 6 7 6	1 7		

- - 5671 Hattie Winder 10-

6-69		11:7 11/://	Y HEALTH DEPARTMENT	Shell he ha
DED OF		RTH NO. CERTIFICA	ATE OF DEATH X REG. NO. 69 6	3757
and eath ased the	1,	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
_ 0 0 5		ype or Print lose leveny	1/	8 P M
spital of d ) Dece nce on	3	PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. It institutions residence	below odmission)
0 40 -	. ∥ <sub>F</sub>	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Mc Anne Anundel	5700
a h caus se; ( se; (	11.6	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?	3200
_ 3 9	2/2	1	SCHERN YES [	NO
ting d cau	20	UNIVERSITY HOPITAL	E. STREET AND NUMBER	
ibuti ibuti ned olar	5		Bix 313 Elmlaunit Aul	
min gul		MAKKIED   INEVEK MAKKIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys	Il Under 24 Hrs. Hours Min.
o L e e e e	2 10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	1916 51	
モッキーバ	de	ne during most of working life, even if refired)		WHAT COUNTRY?
or Or Jnd		FARMER FARM	S.C. US6	4
if of the the the the the the the the the the		TRIBLE S RAME	14. MOTHER'S MAIDEN NAME	
Z = + 5 = 5			//	
A page	ΙΫ́	. Was Deceased Ever in U. S. Armed Forces?    1 6. SOCIAL   SECURITY NO.	17. INFORMANT ADDRE	ss
Ssi ta A D off			CARRIE Adams 8035 Frem	1024
O omergad;		18. 43/101 CAUSE OF DEAT	TH APPROX	XIMATE INTERVAL ONSET AND DEATH
P. his of a concord of a concor		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1
- 94 0 5 B B		(This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	USE BRAIN Tem Compression 20 A CONSEQUENCE OF:	(ny)
DK:		heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	A SONSEQUENCE OF:	
D in in D		ANTECEDENT CAUSES	INTRACENELINA Jemme 30	lane 3
× A × A × A × A × A × A × A × A × A × A		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	77
W - AM - E	- 11	rise to the above cause (A) stoting the UNDERLYING CONDITION last.	Jupenvension 240	om
medical edical burns; (3 hysician was in		11		
A Siradio	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	T.	
- 0 5	¥.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************
hief hody he gicie	CERTIFICATION	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No) 20E IF YES WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	PERED
= U \ m + > 0	3	21A- ACCIDENT WAS UNDERLYING 17 21B PLACE OF INTURY (e.g.	- 13	
rate tal by tal by tal by there	¥	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., hame, form, foctory, street, of DEATH (notify medical examiner)	in or about 21 G. WHERE DID (If in Boltimore City, give exact to ffice bldg., INJURY OCCUR?	cotion
בַּ לַבַ בַּיּ		OR CONTRIBUTING CAUSE OF CAUSE	21F. HOW DID INJURY OCCUR?	
60 at to	¥	OF INJURY (APPROX.) While At Not Whi	le C	
y no y		Work L3 At Work	1	
any the		22. I certify that (I) (this hospital) ottended the deceased from	June 27 1969 to June 78	
of of of the ball		that (1) (we) last saw the deceased alive an June 28		red on the dote
ust be a dessed to dent of lospital death)		and hour and from the couses stated above. (1) (We) (did) (did not)		
S P P P P	- 11		anding Med. Stoff	
relected a ho		23C. PHYSICIAN'S	ending Med. Staff Phys. ADDRESS 6/28	169
		NAMETURAL		
certificat sody was /s: (1) An D.O.A. at ased pric	24	A. BURTAL CREMATION, 24B, DATE 24C, NAME OF CRMESTRY OF CR	MIV (JO2017A)	12.4
E#OO .		MEMOVAL ISpecify)	EMATORY 24D. LOCATION City town or ownly)	ISlote)
This certification the body shows: (1) was D.O.	25	M. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR		
This the bshow was		CON MAINTE OF REGISTRAR		RESS REBOR
		150-REV. 1/1/68	1 multiples ac Vine 6	



54-48	-96 dj		Y HEALTH DEPARTMENT	69 6758
		BIRTH NO. 69 6758 CERTIFICA	ATE OF DEATH REG. NO.	
	pital and of death Deceased te on the ath. Such	(Type or Print) COTTMAN, CLARA	2. DATE AND HOUR OF DEATH	13:45 A.M.
	hospital use of d ; (5) Dece dance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY  Maryland  C. CITY OR TOWN  D. INSIE	12.05 DE CITY LIMITS?
	d in a hosping cause cause; (5) attendancerior to dea	Baltimore City Hospitals 4940 Eastern Avenue	Baltimore E. STREET AND NUMBER	YES NO
	de red	Baltimore, Maryland 21221	1 1601 Greenmount Avenue	21202 If Under 1 Yr., If Under 24 Hrs.
	occurred ontributi ermined regular eased pr is made.	5. SEX 6. RACE 7. MARRIED MIEVER MARRIED WIDOWED DIVORCED 10A. USUAL OCCUPATION GIVE kind of work 10B, KIND OF BUSINESS OR INDUSTR	1 0 0 07	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min,
	or c ndet s in dec	done during most of working life, even if retired)	Maryland	U. S. A.
		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
FANT	e di nd; nd; eath al di	15. Wos Deceased Ever in U. S. Armed Forces?   16. SOCIAL   16. SOCIAL   16. SECURITY NO.	17. INFORMANY	ADDRESS 21224
8	first the		BCH: Records 4940 Eastern	Ave. Balto. Mdd
IMPORTAN	Also, if e of any nounced attenda med or	DISEASE OR CONDITION DIRECTLY	AUSE HEPATIC COMA	12 HRS,
	miner. fractur ho pron	heart follute, asthemo, etc. If means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (8)	LAENNEC'S CIRRHOSIS	3 y125,
FUNERAL DIRECTOR:	s; (3) A si ian whise in relins are	rise to the obove couse (A) stoling the	CHRONIC ALCOHOLISM	NOT KNOWN
RAL	medical medical y burns; physicia ian was e remain	TO THE DEATH BUT NOT RELATED TO THE TERMINAL    I DISEASE OR CONDITION GIVEN IN PART 1 (A).	ANEMIA	3 yrs
SNS	chiet by a rr Body the F hysicic		NO 208. IF YES, WERE FIN CERTIFYING CAL	JSES OF DEATH?
и.	by the pital by re; (2) where No ph	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	affice bldg., INJURY OCCUR?	city, give exact factorion;
	roved by ne hospite y nature; xcept wh ind (6) No	21D.TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED While At Not Will At Work	21F. HOW DID INJURY OCCUR?	
•	of an of an of an (e. th); c	that (++) (we) last saw the deceased alive on 7 (4)		19 69 , alon death accurred on the date
	S d d	[ ] d ] a [A ] [ ] V a a [ ] X 4 4 4 a [ N a 2 ] ai	ttending Med. Staff Nys. Staff	7 6 69
	y was rel y was rel (1) An acc ).A. at a l d prior te	23C. PHYSICIAN'S NAME (Type)  Dennis II. Bleakley M. D. DEGRE 24A. BURIAL CREMATION, 24B. DATE (24C. NAME of CEMETERY of C	Baltimore City Hospitals	no Manyland 31221
	Sod 75: ( 75:  Dennis W. Bleakley M. D. DEGRE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C. Burial 7/10/69 Mt Auburn Cen	metery Balto., Md.		
	This cert the bod shows: ( was D.C decease	002 300	25C. FUNERAL DIRECTOR	orth Ave.
		VS 150-REV. 1/1/68	0 / 0 /	

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era danos . F -ass dansis U ant

VS 151-REV. 1/1/68

	CERTIFICATE OF DEATH REG. NO. 69 6759					
DIATE NO.	REG. NO.					
NAME OF DECEASED (Iype or Print)  ELOUISE C. STEWART	2. DATE Knawn K Month Day Year Hour OF DEATH Estimated					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD  July 5 1969 4:40p A					
OK INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  A. STATE  B. COUNTY					
00 1927 Guilford Ave. D.O.A.	Maryland 1204					
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Female Colored WIDOWED DIVORCED	Balto. YES NO					
9. DATE OF BIRTH   10. AGE (in years   If Under 1 Yr.    Under 24 Hrs	. IE. STREET AND NUMBER					
Aug 5, 1927   last birthday)   Manths, Days, Haurs   Min	1927 Guilford Ave.					
It. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME					
Maryland WHAT COUNTRY?	Frank Jones					
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTI						
dane during mast of warking life, even if retired)	Mamie					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, na ar unknawn) (If yes, give war ar dates af service) SECURITY NO.	18. INFORMANT ADDRESS					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mr. Willie Stewart 1927 Guilford Ave					
19. CAUSE OF DE	ATH APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY Hypertens	sive cardiovascular disease					
LEADING TO DEATH						
(This does not mean the made of dying, e.g.,  (A)IMMEDIATE DUE TO, OR	AS A CONSEQUENCE OF:					
heart fallure, asthenia, etc. It means the disease, injury ar camplication which caused death.)						
UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:					
OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	esity					
20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)					
0						
22A. EXTERNAL CAUSE WAS   22B, PLACE OF INJURY (e.g.	in ar about 22C. WHERE DID (If in Ballimare City, give exact lacotion)					
UNDERLYING OR CONTRIB- hame, farm, foctory, street, affit uting Cause of DEATH.	ce bldg., etc.) INJURY OCCUR?					
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
(APPROX.) WHILE AT [7] NO	T WHILE WORK					
23. I certify that I held an Inquiry Inspection A	stopsy XX and that on this basis, death in my opinion					
resulted from: Natural causes Ascident Suici	de   Hamicide   Undetermined manner					
ACTUAL IIII AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	CHIEF MEDICAL EXAMINER L					
SIGNATURE / M.I	ACCICTABIT MEDICAL EVAMINED I					
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER					
NAME (Type) Werner U. Spitz, M.D. Dept	uty Chief Medical Examiner July 6, 1969					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)						
Burial 7/9/69 Balto Natio	omal Cem. Balto., Md.					
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
JUL7 1969 my a Jaben M	Wm C March 928 E. North Ave.					
VS 151-REV. 7/1/68	Wm C March 928 E. North Ave.					

19690006750

ASOL .A . Sex Frank Jones olimail. Mr. Willia Stewart 1837 Sollion And .bM ..odfes .mol Cen. Balto. Md. . Swandfroit . W BRO Me no D To the was

69 6750 BALTIMORE CITY HEALTH DEPARTMENT

		MED	ICAL	EX	AMINER'S	CERTIFI	CATE OF	DEAT	Н	69	6760
BIRTH NO.									REG. NO.		
1. NAME OF D		Margare	et R.	B1u	eford	2. DATE OF DEATH	Known   Estimated	Month	Doy	Yeor	Hour .
4. PLACE IN B	ALTIMORE, M	ARYLAND, W	HERE PR	ONOU	NCED DEAD	3. DATE		Month	Doy	Year	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	OT IN HOSPITA RESS OR LOCA	LORINS	10ITUTI1	N, GIVE STREET		RESIDENCE (When	July deceased liv		969 n: residence b	4:10 A.M.
424 Worsley Street							Maryland		B. COUNTY	12	04
6. SEX 7. RACE 8. MARRIED NEVER MARRIED							RTOWN		D. INSIDE C	ITY LIMITS?	
Female		gro	WIDOV	VED 🗌	DIVORCED .		Baltimore		Y	ES X	NO
June 1		lost birthda	<u>v</u> )		or 1 Yr. If Under 24 Hrs. Doys   Hours   Min.	E. STREET	424 Wors1	ev Str	eet		
11. BIRTHPLACE				12. CIT	IZEN OF	13. FATHER					
Maryl	and	ive kind of work	IAR KIND		SINESS OR INDUSTR	Alex	ander Fr	azier			
done during most	f working life, e	even if retired)	, 40. KIIAL	01 00	SINESS OR INDOSTR	Rach	el Winde				
16. WAS DECEA	SED EVER IN	U.S. ARMED	FORCES	5?	7. SOCIAL SECURITY NO.	18. INFOR	MANT		A	DDRESS	
						Bern	ard Hipk	ins l	240 Ro	ssite	r St.
19. mf	254			100	CAUSE OF DEA	TH					PROXIMATE INTERVAL
DISEA	SE OR CON	DITION DIRE	CTLY		Arterios	cleroti	ic cardiov	ascula:	r diseas	se	
1	LEADING 1				(A)IMMEDIATE	CAUSE					
heort foilu	re, osthenio, e	e mode of dy tc. It means the hich coused dec	diseose,			AS A CONSE	QUENCE OF:				
	ANTECEDEN	T CAUSES			(B)			*******			******************************
RISE TO T	HE ABOVE C	TIONS, IF ANY AUSE (A) STA	I, GIVING TING THE		DUE TO, OK	AS A CONSI	EQUENCE OF:				
UNDERLY	ING COND	ITION LAST.			(c)	<b>~~~~~~~~~~</b>					
<u> </u>		- II									
O TO THE D	EATH BUT NO	ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TERM	INAL		<b>-</b>		.3			20 500 50 55 5 A A B A B B B B B B B B
20A. DATE	OF OPERATIO	ON 208. COI	NOITION	FOR W	HICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes or No)
											No
UNDERLYIN	ERNAL CAUS NG OR CO CAUSE OF DE	NTRIB-		home, f	ACE OF INJURY(e.g., orm, foctory, street, office	in or obout e bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give ex	oct locotion)	
≥ 22D. TIME		(Doy) (Yeor	r) (Hou	r) 22E	INJURY OCCURRED		22F. HOW DID IN	JURY OCCI	JR?		
(APPROX.)				m. WH		WHILE					
23.											
I ce	ertify that I	held an I	nquiry [		Inspection 🔀 Au	stapsy 🗌	and that an t	his basis,	death in my	opinion	
res	ulted fram:	Natural cau	ses X	A	ident Suici	de 🗌 🕒	lomicide 🗌	Undetermi	ned manner		
		10 0	-()	1	11-4	~	CHIEF MEDICAL	EXAMINER			DATE SIGNED
ACTU		Via S	1.	0	TAN M.C	ASS	SISTANT MEDICAL	EXAMINER	$\mathbf{x}$		DATE SIGNED
		Charles	S. S.	Spri	ngate, M.D.		OCIATE MEDICAL	EXAMINER		uly 3,	1969
24A. BURIAL CE	EMATION,	248. DATE		24C.	NAME of CEMETERY	ar CREMAT	ORY 24D.	LOCATION	(City, tow	n, or county)	(Stote)
REMOVAL (Sp. Buria		7/5/6	39	P.	Leasant Re	st Ce	metery T	owson	. Mary	land	
25A. DATE REC	D BY HEALTH	H DEPT.	25B. N		F REGISTRAR		FUNERAL DIRECT			ADDRESS	(J-5) (1) (1)
	JUL 7	1960	120	. A C	7 0	422	0 10		0 ***		ALCOHOL:

VS 151-REV. 1/1/68

(H)

FORTE VOTE

June 10, 1896 73

Ferris Cores ald

Alexander Frenier -

rebuti Infond .

Cormard Holdan 1240 Regulter II.

SEAS AND THE BOOK PROPERTY OF THE SAME

milel . T/S/ep Firement Rest Constant Toronn, Naryland ...

Mr. C March 928 T. Merth Ave.

VS 151-REV. 1/1/68

69 6763 BALTIMORE CITY HEALTH DEPARTMENT

		MED			INER'S			OF DEAT	H REG. NO	69	6761
I. NAME OF DE	CEACED					0		3			
(Type or Print)		ARRY E	ROOK	S		2. DATE OF DEATH	Known X Estimated		Doy	Yeor	Hour M.
4. PLACE IN BA					DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	LORINST	TIUTION, GIV	ESTREET		UNCED DEAL	Jul		69	11:55a M.
	ai Hosp	ital D	O A			A. STATE	Mary	Mere decessed li	B. COUNTY	residence b	elore odmission)
Sinai Hospital D.O.A.  6. SEX   7. RACE   8. MARRIED   NÉVER MARRIED							TOWN	Lana	D. INSIDE CI	TY LIMITS?	10
Male	Negro		WIDOW	-	DIVORCED	Balt	0.		YE	s 🗆	по 🗆
9. DATE OF BIR		10. AGE (In losi birthdo)	yeors )		Il Under 24 Hrs. Hours   Min.		Gordon				
12-12-				12. CITIZEN WHAT CO		13. FATHER		Rđ			
Marvla						Jose	oph Br	ooks			
da.USUAL OCCI			4B. KIND	OF BUSINES	S OR INDUSTR	Y 15. MOTHE	R'S MAIDEN	NAME			
		, , , , , , ,				Mar	<b>V</b>				
16. WAS DECEA!					CIAL CURITY NO.	18. INFOR			AC	DRESS	
(103,1100) 01111100	in yes, give	wor or doles (	. service,		16-7707	Mrs.	Julia	Brooks	2206 0	lord or	n Rd.
19.	116				CAUSE OF DEA		- Culture	DIOVED	2200	API	PROXIMATE INTERVAL
DICEA	SE OD COM	TION DIDE	~1.15	Ar	teriosc1	erotic	cardiov	ascular	disease	BETW	TEN ONSET AND DEATH
DISEA	SE OR COND		ILY	***			car arov	aboutat	azocaoc		
(This does	not meon the	mode of dyl	ng, e.g.,		DUE TO, OR	AS A CONSEC	UENCE OF:				
heart foilur Injury or co	e, osthenio, éto mplication whi	:. It meons the ch coused deo	diseose,		502.0, 0	A 4 40110E4	OLINGE OIL			- 0.0	
							(100,000)				
	NIECEDENT		011/11/0		(B) DUE TO, OR	AS A CONSE	DUENCE OF				
RISE TO TH	OR CONDITI	USE (A) STAT	NG THE		DOE 10, OK	AS A CONSE	PUENCE OF:				
Z	NG CONDIT	ION LAST.			(c)						
		II									
O THE DE	NIFICANT COL ATH BUT NOT R CONDITION	RELATED TO	HE TERMI	ING NAL							
20A. DATE C				OR WHICH	OPERATION W	AS PERFORN	ED			21. AUTO	PSY? (Yes or No)
Ö										No	
Z 22A. EXTER	RNAL CAUSE	WAS	1:	22B. PLACE C	F INTURY/e.a	, In or about 22C, WHERE DID (If In Soltimore City, give exact loca					
UTING C	G OR CON	TRIB-		home, form, fo	ctory, street, offic	e bldg., etc.) II	NJURY OCCI	JR?	e City, give exce	roculion)	
OF INJURY	(Month) (	Doy) (Yeor)	(Hour		RY OCCURRED		2F. HOW DIE	INJURY OCC	JR?		
(APPROX.)				m. WHILE AT		WHILE VORK					
	tlfy that I h	eld on Ir	quiry [	Inspec	tion XX Au	taosv 🗆	and that	on this basis,	death in my	nolalan	
	Ited from: 1			Accident			micide 🗌		_	7	
1630	7		62.55	Accident	30161	/A	- 100	AL EXAMINER	ned manner L		
ACTUA	1/1	1.	1	who.							DATE SIGNED
SIGNAT		my	10x	1	M.C	•		AL EXAMINER			
NAME (	Type)	Werner	· u()	Spitz.	M.D. I	eputy C	hief Me	AL EXAMINER edical Ex		7/5	5/69
24A. BURIAL CRE REMOVAL (Spec	MATION,	24B. DATE		24C. NAME	of CEMETERY	ar CREMATO	RY	AD. LOCATION	(City, town,	or county)	(Stote)
Burial		7/8/69			alvary			Anne Ar	undeal	Cty,	Md.
25A. DATE REC'E	BY HEALTH			AME OF REG		25C, 1	UNERAL DIR	ECTOR	AL	DRESS	
	JUL7	1969	viole	es E. Va	Ber K.D.	. Wm	C Mar	ch 928	E. Non	cth A	ve.
VS 151-REV. 1/1/6	8		19	5 9		06	7 5	6.0			

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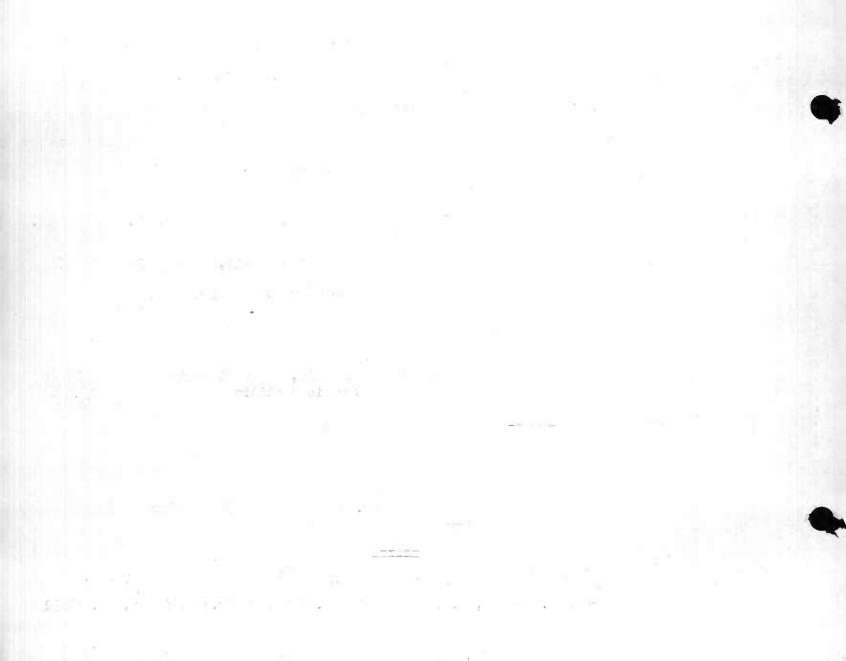
Joseph Brooks

21V-16-VVCV Lya. Julia Brooks 2200 Cordon Mc.

7/8/89 It Calvary Comotery Anna Arundeel Cty, Mt.

om C March 928 %. North Avp.

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

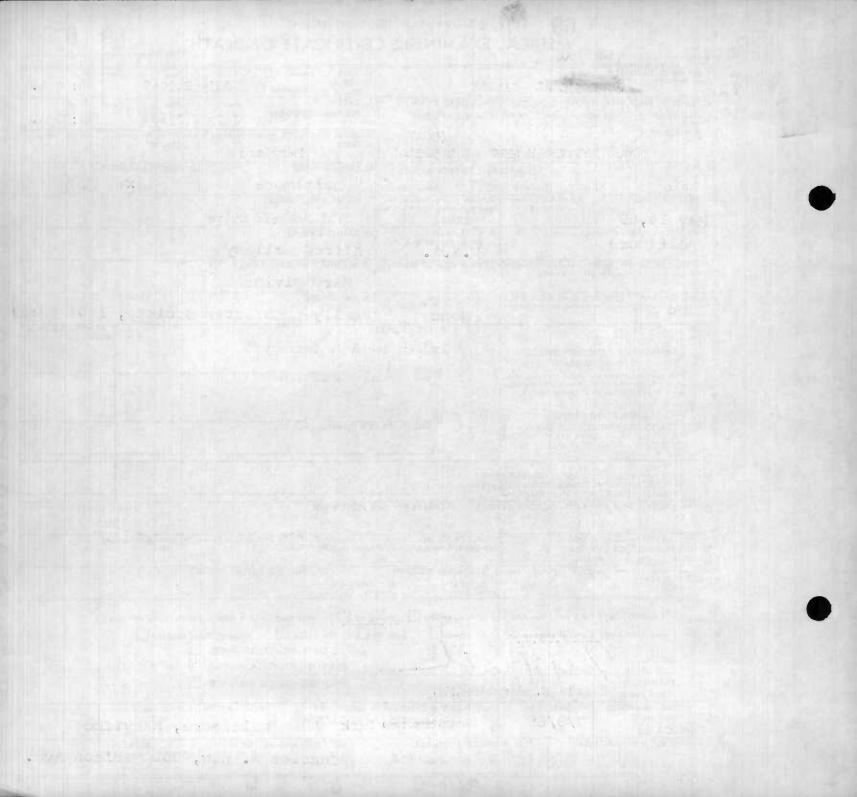
FUNERAL DIRECTOR:

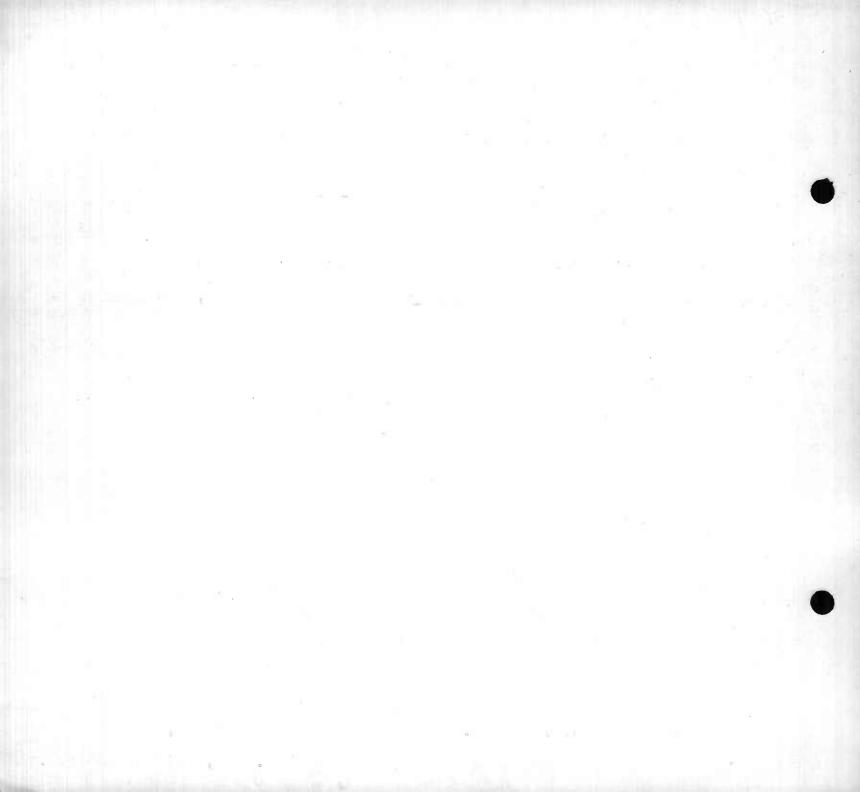
	CO	676		TY HEALTH DEPARTM		60 0700
BIRTH NO.	D)	070	CERTIFIC	ATE OF DEA		
(Type or Print)	HERBERT E	WIL	SON	2. 0	7/2/69	ATH
3. PLACE IN BALTIMO	DRE MARYLAND, WH	ERE PRONO	UNCED DEAD	4. USUAL RESIDEN		if institution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSMTA	L OR (NSTIT	UTION, GIVE STREET	Maryland c. City or town	d	INSIDE CITY LIMITS?
33	Johns	Hopl	kins Hospit	Baltimon	ce	YES 🛛 NO 🗌
				11	ant Ave.	
5. SEX 6. R	ACE 7	· MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE fin vegrs	If Under 1 Yr. , If Under 24 H
	olored	WIDOWED	DIVORCED	6/9/1911	10st birthdayl	Months Doys Hours Min.
IOA. USUAL OCCUPAT	ION (Give kind of work )	OB. KIND O	F BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stat	e ar lareign cauntry)	12. CITIZEN OF WHAT COUNT
	tal Clerk			Washing	ton, D.C.	U.S.A.
3. FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME	
	t Wilson			Myrtle F	Koger	
5. Was Deceased Ever Yes, na or unknown) (II y	in U. S. Armed Farce	s? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
WW II				o catherin	ne Wilson.22	207 Bryant Ave.
18.4/01	91		CAUSE OF DEA			APPROXIMATE INTERVAL
DISEASE O	R CONDITION DIRE	CTLY				BETWEEN ONSET AND DEA
	DING TO DEATH		(A)IMMEDIATE CA	AUSE COUNCE	un I humbro	sep 12hm.
heart foilure, asth-	nean the mode of denia, etc. It means t	e disease.	DILE TO SO I	S A CONSEQUENCE OF:	11	
injury or complice	lion which caused d	eath.)			- 11 1	
ANTE	CEDENT CAUSES		- Cun	uncelound	c MEONT	Isene 2 UN.
DISEASES OR C	CONDITIONS, if an	y, giving	DUE TO, OR A	S A CONSEQUENCE OF	:	18600
underlying Co	ove cause (A) s	laling (he	(a)			, , , , , , , , , , , , , , , , , , ,
			(C)			******************
TO THE DEATH BU	II IT CONDITIONS CONT I NOT RELATED TO THE	TERMINAL				
19A. DATE OF OPE	RATION 198 CONDI	TION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Ye	es or Noll 208, is vee we	THE EINDINGS CONSIDERED
19A. DATE OF OPE	WAS PERFO	RMED		20101311111	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF col examined	21 B. hom etc.J	PLACE OF INJURY (e.g., e, farm, factory, street,	In ar obout 21 C. WHERE office bldg., INJURY OC	DID (If in Balti	imare City, give exact location)
	nth) (Day) (Yeor)	Hauri 21 E.	INJURY OCCURRED	21 F. HOW (	DID INJURY OCCUR?	
(APPROX.)		Whi	ite At Wat Nat Wat	ile 🖂		
22 Leaveily shot	/1) /abic becatest)		ne deceased from	77-7	/=	6.3
	saw the deceased		4 1	1-10	19 6 D to	7-2 1969
						apinian death accurred an the da
23A. SIGNATURE	n the causes stated	abave. (I	) (We) (did) (did not)	view the bady after	death.	
011	1.17	0	1	barding - Wast	- s.# -	23 B. DATE SIGNED
( · / True	MULL	Lety	DEGREE Ph		Staff Phys.	7-3-69
NAME (Type)	er Wiko	2 1/2	M.D	23D. ADDRESS	cal Qub B	ido, Balto, M.
4A. BURIAL CREMATI REMOVAL (Specif	ON, 24B, DATE	24C. NA	ME OF CEMETERY OF C		24D. LOCATION	(City, town, or county) (Stote)
Burial	7/7/69	Ra	ltimore Na	tional		, Maryland
SA. DATE REC'D BY H		B. HAME O	E REGISTEAR	25C. FUNERAL DI		ADDRESS
	"JUL"7"" 1969	Valer	E REGISTRANDEN M.			2 Madison Ave.
'S 150-REV. 1/1/68			3 1 1	0 0	J 4	



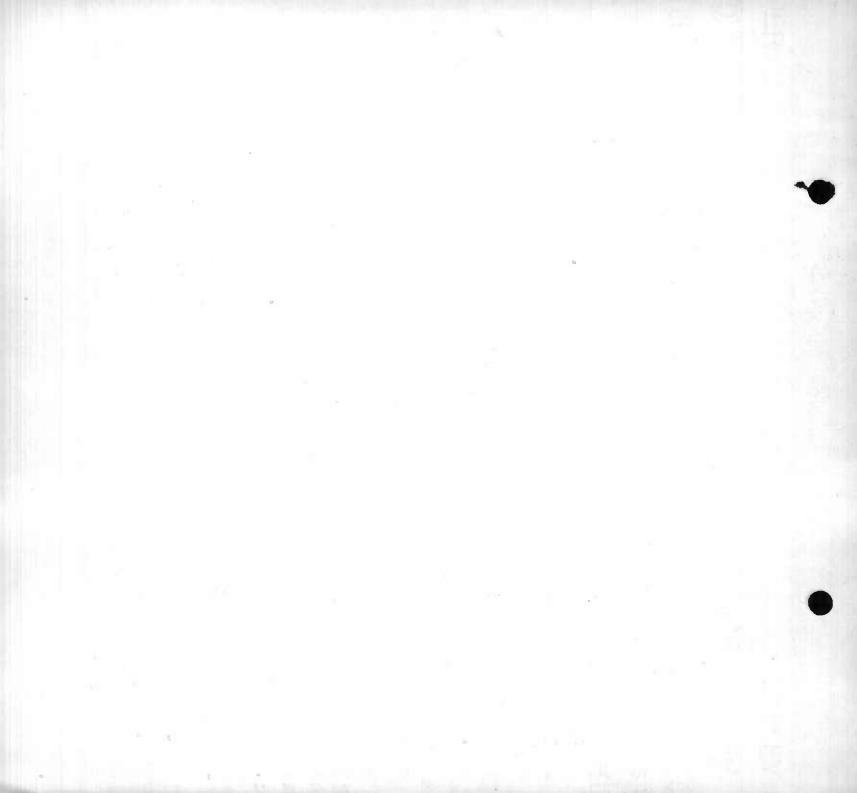
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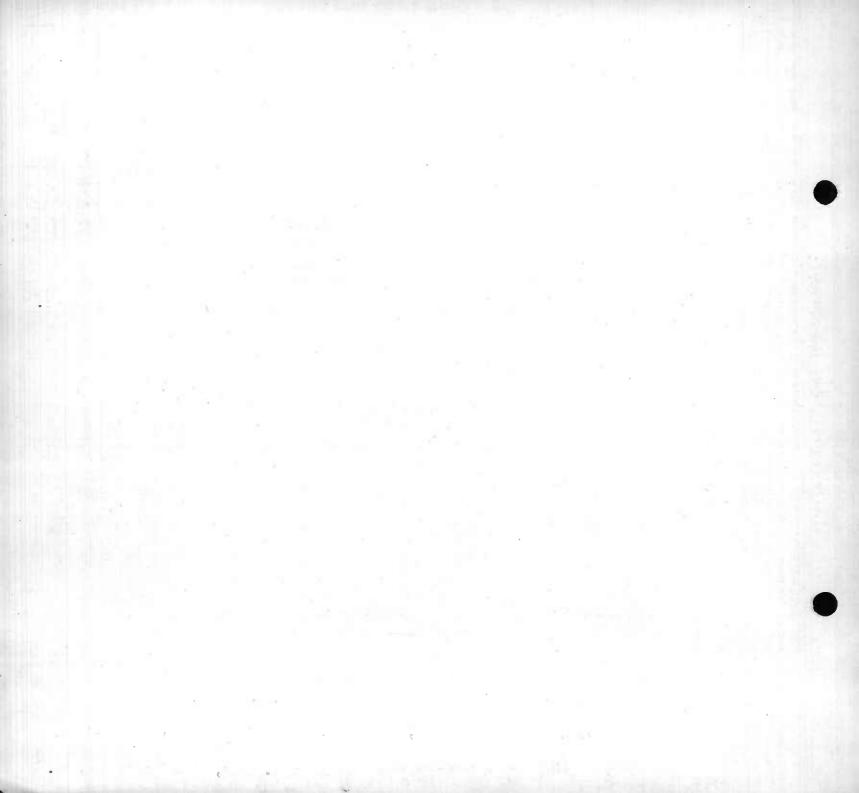
BIE	TH NO. 199-0851	7								REG. NO			
1.	NAME OF DECEASED					2. DATE	Know	n 🔲	Month	Day	Year	Hour	
(IAI	DAVI	DCAR1	GI	VINS		DEATH	Estim	oted 🗌	July	2,1969		8:00	A. M.
4.	PLACE IN BALTIMORE, M	ARYLAND, Y	VHERE PI	RONO	UNCED DEAD	3. DATE			Month	Day	Year	Hour	
FUI	L NAME OF (IF NO	TIN HOSPIT	AL OR INS	TITUTIO	N, GIVE STREET	PRONO	UNCED	DEAD	July.	2,1969		8:00	A
	INSTITUTION	E33 OK LOCA	(IION)		(DOA)	5. USUAL R	ESIDENC	E (Where		ed. If institution:	residence	before adm	ission)
	COUTU R	Α Τ ΤΤΜΟΙ	F CE	VED V	L HOSPITAL	A. STATE		rylan		B. COUNTY	1	66	1
6	SEX 7. RACE	ALL LIOI				C. CITY OF		Lylan	.u.	D. INSIDE CIT	V HAUTES	00	1
					NEVER MARRIED							1 120	500
_		egro	WIDOV				ltin			YE	s 🔁	NO L	A
У. І	9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months; Days; Hours; Min.						AND NU						
M	May 14,69   6 weeks							kert	Drive				
ii.	ii. BIRTHPLACE (State or lareign country) 12. CITIZEN OF						'S NAME						
П	Baltimore				S.A.	Alfr	ed E	Bella	any				
	USUAL OCCUPATION (GI		14B. KINE			15. MOTHE	R'S MAIL	DEN NAM	AE .				
aan	during mast of warking life, e	ven if refired)				Mar	v Gj	ivins					
16.	WAS DECEASED EVER IN	U.S. ARMEI	FORCES	5?	7. SOCIAL	IB. INFOR	- min			AD	DRESS		
(Ye	, nagrunknown) (If yes, give	wor or dotes	of service	:)	SECURITY NO.	Famil	17 0	Chi 1	dren	Societ		1301	Dark
	19.				None  CAUSE OF DEA		- X «	CIILLI	- CL CII	DOCTOR		PPROXIMATE	
	195 X											WEEN ONSET	
	DISEASE OR CONT		CTLY		Sudden de	eath in	infa	ncy					
	LEADING TO				(A)IMMEDIATE	AUSE							
	(This does not mean the heart failure, asthenia, et	c. It means the	diseose,		DUE TO, OR	S A CONSEC	UENCE O	)F:					
	injury or complication wh	ich coused de	oth.)										
	ANTECEDENT	CAUSES			(0)								
	DISEASES OR CONDITI		, GIVING		DUE TO, OR	AS A CONSE	QUENCE	OF:					
	UNDERLYING CONDIT	ION LAST.	TING THE										
8					(c)	***************************************							
CERTIFICATION	OTHER SIGNIFICANT CO	NOITIONS C	ONTRIBLE	TING									
S	TO THE DEATH BUT NO	T RELATED TO	THE TERM	UNAL			•						
Ē	DISEASE OR CONDITION				HICH OPERATIONS W	C DEDECORA	ED				OL ALIZA	PSY? (Yes	an NaN
E		14 200. CO	4DIIIOI4	I OK II	THICH OFERATION W	AS PERFORMED 21.							ur 140)
- 4											ye	S	
EDICAL	22A. EXTERNAL CAUSE UNDERLYING ☐ OR CON		3971	home,	ACE OF INJURY (e.g., lorm, loctory, street, office	in or obout a	2C, WHE	REDID (	If in Boltimor	e City, give exoc	t location)		
8	UTING CAUSE OF DEA												
Σ	22D. TIME (Month) (	Doy) (Yea	r) (Hou	r) 22E	INJURY OCCURRED	- 2	2F. HOW	INI DID A	URY OCCU	IR?			
	(APPROX.)			m. WH	RK NOT	WHILE ORK							
	23.					J							
	I certify that I h	reld an I	nquiry [		Inspection Au	opsy 🖹	and th	hat on th	is basis,	death In my d	pinion		
resulted from: Natural causes X Accident Suicide Homicide Undetermined manner													
CHIEF MEDICAL EXAMINER													
	ACTUAL /	. 11	1/1/	,		ASSI	STANT M	EDICAL E	YAMINER	X		DATE SIC	SNED
	SIGNATURE	wy	46	m'	M.D	•							
	NAME (Type) Ro	nald N	Kor	nb1u	ım,MD.	ASSC	CIATE M	EDICAL EX	KAMINER	ш.	7/2/6	9	
	BURIAL CREMATION,	24B. DATE			NAME of CEMETERY	or CREMATO	ORY	24D, 1	OCATION	(City, town,	or county	) (5)	ote)
RE	MOVAL (Specify)	7/3/6	9		Arbutus Mem	40 TO 8 TO 1	m 17					•	0,0,
_	Burial									re, Ma	_	nu	
25	DATE REC'D BY HEALTH				OF REGISTRAR			DIRECTO			DRESS		***
	JUL7	1969	wice	یے کی	Jaben, M.D.	C	narl	es R	. Law	, 802	adi	son A	ive.
	I51-REV. 1/1/68		-		0.0	0 1							/

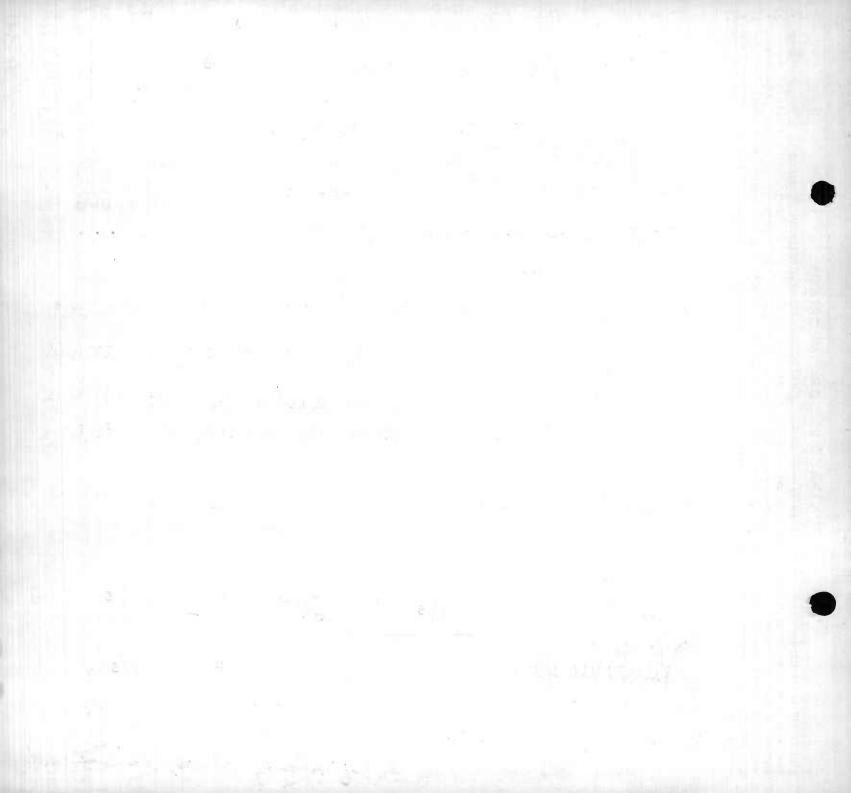




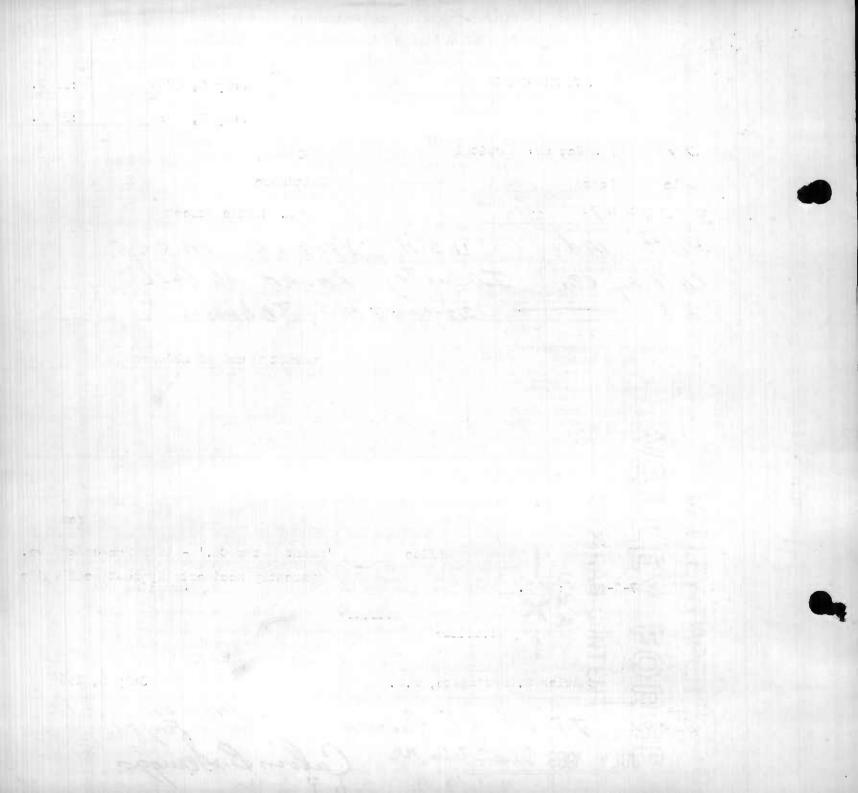
3		Y HEALTH DEPARTMENT	No 69 6766
69	6766 CERTIFICA	TE OF DEATH REG.	No. 69 6766
I, NAME OF DECEASED PAR	Filoreneo	2. DATE AND HOUR OF	DEATH 4130
3. PLACE IN BALTIMORE, MARYLAND, WI		4. USUAL RESIDENCE (Where deceased li	ived. If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCALINSTITUTION	L OR INSTITUTION, GIVE STREET TION)	C. CITY OR TOWN V	D. INSIDE CITY LIMITS?
46 Inthoner Hon	n of ho	Ballo.	YES NO
46 Lutherantlesy	ve of moe.	E. STREET AND NUMBER  ALSS Mecul	lot st.
S. SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In y.	eors If Under 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work	WIDOWED DIVORCED 108, KIND OF BUSINESS OR INDUSTR	10-7-90	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)  Retired Teacher	Come say	Maryland	urs.A.
13. FATHER'S NAME	0101	14. MOTHER'S MAIDEN NAME	
William H. Fax		Myrtle Sousbi	urry
15. Was Deceased Ever in U. S. Armed Ford (Yes, no or unknown) (If yes, give war or dates	es? of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Bertha ". Cross,	1200 Whitelock St.
18.4-1221	CAUSE OF DEA	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if or rise to the above couse (A) UNDERLYING CONDITION last.	stoting the (C)	S A CONSEQUENCE OF:	
☐ TO THE DEATH BUT NOT RELATED TO THE OF THE PROPERTY OF THE	1 (A).		
19A. DATE OF OPERATION 19B. CONE	DITION FOR WHICH OPERATION ORMED	20 A. AUTOPSY? (Yes or No) 208. IF YES IN CERTIFY	S, WERE FINDINGS CONSIDERED FING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in ffice bidg., INJURY OCCUR?	n Boltimore City, give exoct location
21D. TIME (Month) (Doy) (Yeor)		21F. HOW DID INJURY OCCUR	?
(APPROX)	While At Work At Work		
22. I certify that (1) (this hospital)	attended the deceased from	6/14 19 6 9 10	6/28 1969
that (I) (we) last saw the deceased	d alive an 6/2A	196and that In (my) (	aur) apinion death accurred an the date
and haur and fram the causes state	ed abave. (I) (We) (did) (did nat)	view the body after death.	
23A. SIGNATURE	2.		238, DATE SIGNED
Rejars . K. Xla	WC MID DEGREE PH	ending Med. Staff Phys.	6/28/69
23C. PHYSICIAN'S NAME (Type)	Park M.D.	23D. ADDRESS 730 ashburton	of Ballo , Ind 2/2
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or C	EMATORY 24D. LOCATION	(City, town, or county) (State)
Burial 7/1/69	Mt. Auburn	Baltimo	re, Maryland
	25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
JUL 7 198	9 Raby E. Farber M.	Charles R. Law,	802 Madison Ave.
S 150-REV. 1/1/6B			







MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO	69 6769
1. NAME OF DECEASED 2. DATE Knawn Month Day	Yeor Haur
(Type or Print)  JEROME HORNES  OF DEATH  Estimoted  July 2, 1969	6:55 P.M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD July 2, 1969	6:55 P.M
HOSPITAL ADDRESS OR LOCATION)  OR INSTITUTION  JULY 2, 1909  5. USUAL RESIDENCE (Where deceased lived. If institution:	
A. STATE B. COUNTY	714
Bon Secours Hospital Maryland  6. SEX 7. RACE B. MARBIED NEVER MARBIED C. CITY OR TOWN D. INSIDE CITY	V HAAITS2
MARKIED LINEVER MARKIED L	
	NO D
9. DATE OF BIRTH   10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   E. STREET AND NUMBER	
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	
Rollo Md. WHAT COUNTRY? FRAZIER HORA	7/-
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	<i>P</i> C
done during most of warking life, even if refired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADD	DRESS 2 0 //
(Yes, na ar unknown) (If yes, give war or dates of service) SECURITY NO.	oo N. Custl
119. CAUSE OF DEATH	APPROXIMATE INTERVAL
CAUSE OF DEATH	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A) IMMEDIATE CAUSE Gunshot wound of abdome:	n
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
	the state of the s
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes ar No)
	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING TO COURT OF INJURY (e.g., in ar obaut home, form, factory, street, affice bldg., etc.)   22C. WHERE DID (if in Baltimore City, give exact home, form, factory, street, affice bldg., etc.)   1NJURY OCCUR?   1NJURY OCCUR?   22E. NOW DID INJURY O	1/1/
OF INJURY MALIE Apparently accidentally	shot self while
	ng gun
1 certify that I held an Inquiry Inspection Autapsy X and that an this basis, death In my a	plnian
resulted fram: Natural causes Accident Suicide Hamlolde Undetermined manner	J
CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE ASSISTANT MEDICAL EXAMINER &	
	July 3, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town,	ar county) (State)
REMOVAT (Specify) TET-69 MT Auburn 4 MAINTEN	3/ Da/10-1
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR AD	DORESS 141215
JULY 1969 Robert E. Farber, M.D. Calver B. Sering	Frestin
VS 151-REV. 1/1/68 N 8 7 /1 /9 4 9 6 7 0 6 7 6 0	



F-652

VS 151-REV. 1/1/6B

69 6770 BALTIMORE CITY HEALTH DEPARTMENT

69 6770

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO	00 0770
1. NAME OF DECEASED HILE PISCO	2. DATE Known Month Doy	Yeor Hour
JOHN FRANKLIN	OF DEATH Estimoted June 29,196	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD  June 29,1969	11:07 PM
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If Institution: r	
TOUNG HODEING HOODIMAT (DOA)	A. STATE B. COUNTY	
JOHNS HOPKINS HOSPITAL (DOA)  6. SEX 7. RACE B. MARDIED DIEVER MARDIED	Maryland Harford  C. CITY OR TOWN  D. INSIDE CITY	
MAKKIED LI NEVEK MAKKIED LI		LIMITS:
Male White WIDOWED DIVORCED	Bradshaw - Edgewood YES	U NO U
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	
3 July 23 45	9118 Tremble Road	
11. BIRTHELACT (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
12 a. WHAT COUNTRY	JOHN 1.	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)		
MacHinist	LOUISE ENGLEHAR	07
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADD	DRESS /
(Yes, to or unknown) (If yes, give wor or dotes of service)  SECURITY NO.  322-29-1529	Whiters Franklin Ger	95 town HEle
CAUSE OF DEA	TH THE	APPROXIMATE INTERVAL
[ C 6 17 1		BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY MULTIPLE	Traumatic Injuries	
(This does not mean the made of dying, e.g.,	CAUSE AS A CONSEQUENCE OF:	
heort follure, osthenio, etc. It meons the disease, injury or complication which caused death.)	TO A CONTRACT OF	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  COLUMN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS A CONSEQUENCE OF:	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
1.18		yes
	in or obout 22C. WHERE DID (If in Boltimore City, give exoct	
UNDERLYING SOR CONTRIB. home, form, foctory, street, offic UTING CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?	5300
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	Rte. 40 -Bradshaw 22F. HOW DID INJURY OCCUR?	
(APPROX.) June 29, 1969 10:10 P. WHILE AT DATE NOT AT W	WHILE Pedestrian struck by ca	r
23.	On Line	
I certify that I held on Inquiry Inspection Au	topsy X and that on this basis, death in my of	pinion
resulted from: Netural couses Accident 🗵 Suicid	de Homicide Undetermined monner	
6) 6.17	CHIEF MEDICAL EXAMINER	
ACTUAL / July / July	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	6/30/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	
REMOVAL (Specify)  BCIRICOL  3 TUL 69 MILISBOR	0 MILISPA	De 1 a.
Dear Let - Or -   1.11 Pro	25C. FUNERAL DIRECTOR ADD	DECC
25A. DATE REC'D BY HEALTH DEPT. 258. NAME, OF REGISTRAR 20		DRESS

N861 9590006761

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69 6771 BALTIMORE CITY HEALTH DEPARTMENT

69 6771

MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH
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BII	RTH NC.		MILL	ICAL	EXAMINERS	3 C	EK I IFI	ICATE OF	DEAT	REG. NO.		
1.	NAME OF DEC	EASED					2. DATE	Known 🔲	Manth	Day	Year	Hour
(iy	pe or Print)	RAYMON	D WARI				OF	Estimoted		2,1969		
4					ONOUNCED DEAD		DEATH 3. DATE	Canmoled [7]				7:15 A.M.
100	LL NAME OF							UNCED DEAD	Month	Day	Year	Haur
HC	SPITAL	ADDRI	ESS OR LOCA	TION)	TUTION, GIVE STREET			ONGED DEAD	July 2	2,1969		7:15 Am.
OK	INSTITUTION							RESIDENCE (When	re deceased liv	ed. If institution	: residence j	
	J JOH	NS HOP	KTNG U	CDTTA	7		A. STATE	Maryland		B. COUNTY	A A	
6.	SEX	7. RACE	CTIAD UI	JOE TIE	L L							rundel
				MARRI	ED NEVER MARRIED		C, CITY OI	K IOWN		D. INSIDE CI	IA FIWI123	
	Male	White	е	WIDOW	ED DIVORCED		Edgew	ater		YE	s 🗌	NO D
9. 1	DATE OF BIRTH	1	10.AGE (In	yeors	If Under 1 Yr. If Under 24 H	Hrs.	E. STREET	AND NUMBER				
1	Nov.28,1	057	lost birthdo	77	Manths Doys Hours M		D+ 3 E	201 1/17 1		1 7 1		
11.	BIRTHPLACE (S	tota or loreis	in country)		2. CITIZEN OF		13. FATHER	Box 147 -W	oodland	Beach		
l'''.	-	ion or jurion	, a cooming y		WHAT COUNTRY?		IS. FAIRER	SNAME				
	Maryland				USA		Oliv	rer Willia	m Ward			
14A	.USUAL OCCUI e during most of w	PATION (Giv	e kind of work	48. KIND	OF BUSINESS OR INDUS	JSTRY	15. MOTHE	R'S MAIDEN NA	ME			
	labore		an a tauted)	roof	ing		Tone	in T Sti	alcoll			
16.	WAS DECEASE	D EVER IN	II.S ARMED	FORCES			18. INFOR	ie L. Sti	CKETT	4.5	DDRESS	
(Yes	, no or unknown)	(If yes, give v	vor or dotes	of service)	SECURITY NO.		io. Har Ok	MANI		AL	DKE33	
_	no				214-56-1889	9	Oliver	W. Ward	- same	as # 5	above	
	19.	1011			CAUSE OF D	DEAT	Н					PROXIMATE INTERVAL
	DICEAC		TION DIDE		Mult in	210	Tagain	atic Inju			BEIW	EEN ONSET AND DEATH
		E OR COND EADING TO		TILY	Trutt	bre	Haum	acic inju	ries			
	(This does no			20 20	(A)IMMEDIAT	ATE CA	AUSE					
	neart lollure,	osthenio, etc	. It means the	discose,	DUE TO, C	OR AS	S A CONSEC	QUENCE OF:			100	
	injury or com	plicotion which	th coused dec	th.)								
	AN	ITECEDENT	CALISES					1100				
	DISEASES C	RCONDITIO	ONS IF ANY	GIVING	DUE TO. C	OR A	S A CONSE	QUENCE OF:				
	KISE TO THE	ABOVE CA	USE (A) SIAI	ING THE			TA COMOL	AOLINCE OI.				
z	UNDERLYIN	G CONDIII	ON LAST.		(c)							
임			11									
I₹	OTHER SIGNI	FICANT CON	IDITIONS CO	NTRIBUTI	NG						100	
띮	TO THE DEA	TH BUT NOT	RELATED TO	THE TERMIN	AAL							
CERTIFICATION					OR WHICH OPERATION	1 14/4 6	DEDECRA	ACD.				
핑	2	0.2		DINOI4 F	OK WINCH OFEKATION	A AAWS	PERFORM	VED			21. AUTO	PSY? (Yes ar No)
100	X											yes
MEDICAL		IAL CAUSE		2:	2B. PLACE OF INJURY (e. ame, farm, loctory, street, o	e.g., ir	n or obout	22C. WHERE DID	(il in Boltimore	e City, give exoc	t lacation)	( 2 )
ā	UNDERLYING LAL			n		Office						5200
Σ	22D. TIME (	Month) (D	oy) (Yeor	(Hour)	Street 22E, JNJURY OCCURRE	ED	K	t. 124, 30	UU Wes	L OI KE	. 424	
	OF INTITION					NOTW	nitte /	THE HOW DID IN	JOKT OCCU	Kr		
	(APPROX.) Ju	ine 28,	1969 2	:46A n	. WORK	AT WO	ORK X	Passenge	r in au	to hit	tree	
	23,			_								
	I certi	fy that I he	eld an Ir	quiry	Inspection	Auto	psy 🖺	and that an t	his basis, a	deoth in my o	pinion	
	result	ed from: N	atural caus	es 🗌	Accident X Syle	icide	H	omicIde 🔲	Undetermin	ed manner		
		/		1 1	17			CHIEF MEDICAL	The second second			
	ACTUAL	1	1. 1.1	11	1/1/1/							DATE SIGNED
	SIGNATU		any	1		M.D.	ASSI	STANT MEDICAL	EXAMINER	K		
	EXAMINE	R'S RC	nald N	. Kor	nblum, M.D.		ASSC	CIATE MEDICAL	EXAMINER		7	/2/69
	NAME (Ty	/pe)										1-105
24 A	BURIAL CREM	ATION, 2	4B. DATE	2 - 11	24C. NAME of CEMETER	ERY or	r CREMATO	ORY 24D.	LOCATION	(City, town,	or county)	(Stote)
KEI		"		-	21 10							
26.	Burial	W 11561211	Jul. 5	,1969	St. Mary's	Cer	me tery	An	napolis	A.A.	•	Md.
23 A	. DATE REC'D	THEALIH I		25B, NA	ME OF REGISTRAR		25C.	er ley E.	OR	AD AD	DRESS	2/
		.[[]]	1969	June	BE. Jaben M.	.D.	Dev	CT TO'S IT'S	no hb mig	Home	eley 6	Karlet
VS I	51-REV. 1/1/68	SAP.			/. 0 1	-	HUF	PING FUNE	MAL HOM	E - Ann	polis	, Ma.V

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FUNERAL DIRECTOR: IMPORTANT

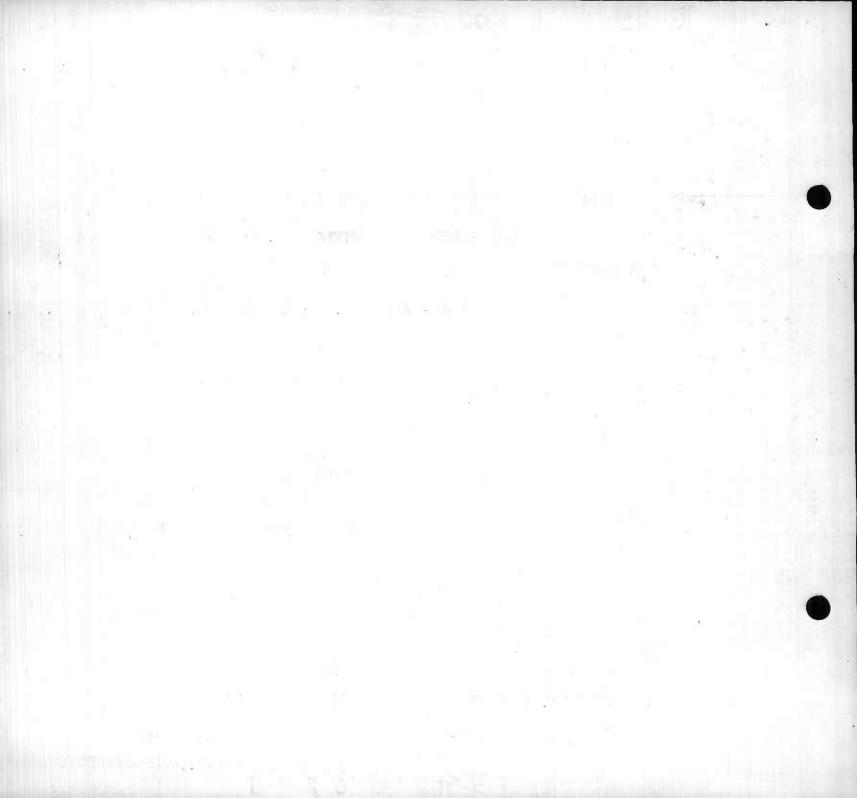
	BALTIMORE CITY	HEALTH DEPARTMENT	
11	IRTH NO. 69 6772 CERTIFICA	TE OF DEATH REG. NO.	69 6772
	ypo or Print) Blanche Waldorf	2. DATE AND HOUR OF DEATH	1.05 p
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	stitution; residence before odmission)
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md,	DE CITY LIMITS?
	4	Boltinore	YES NO
5	SEX GRACE TO MARDIED TAKENDE TO MARDIED TO M	3 to 1 St. Paul St.	
	FEMALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 1885 9. AGE (in years last birthday) 83	Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)  A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)  A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)  A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)  A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)  A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	BALTIMORE  HARY A W.	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME William Waldorf	14. MOTHER'S MAIDEN NAME  AMMAN LIA HA	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Wos Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or doles of service) SECURITY NO.	17. INFORMANT	ADDRESS
W	WXXXXXXXXXXX NO	Mrs. Suday Engel - 3300 A	Jorth brook Rd
	DISEASE OR CONDITION DIRECTLY	CNS injury?	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not meon the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,	SE CANDIAC APPRECT	,
	injury or camplication which caused death.)  ANTECEDENT CAUSES	d / 7	
	(8)	A CONSEQUENCE OF:	
	rise to the above cause (A) stating the UNDERLYING CONDITION lost.	A CONSEQUENCE OF:	
TION	II		
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		200000000
CERTIFIC	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
ICAL CE	OR CONTRIBUTING CAUSE OF home, form, factory, street off	or about 21 C. WHERE DID (If In Boltimore bldg., INJURY OCCUR?	City, give exoct location)
MEDI	OF INJURE	21F. HOW DID INJURY OCCUR?	
MEDICAL CER	Work At Work		
	22. I certify that (I) (this haspital) attended the deceased from 6	128 1969 to 6	1969
	that (i) (we) lost sow the deceased office an 6/30		ion deoth occurred an the dote
	and hour and fram the causes stated above. (1) (We) (did) (did nat) vi	ew the bady after death.	
	23A- SIGNATURE Attended Attended Physics Physi		23B, DATE SIGNED
	23C. PHYSICIAN'S /CADLOS E FOCCI M. D. 12		6/30/67
24	Carlos E Fossi H.D.	UNION HUMONIA	HOSPITAL HOSPITAL
	A- BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREATERY	MATORY 24D. LOCATION (City,	, town, or county) (State)
	BURIAL 7-2-69 HEBREW FRIENDSHIP		
	A DATE REC'D BY HEALTH DEPT 1258. NAME OF REGISTER M.D.	SOL LEVINSON & BROS., 6010	REISTERSTOWN ROAL
VS	150-REV. 1/1/68		

WE EN HEHERD HOLD STEEL . GO ET 08/51/01 Mazrland Retine d William Walderf Annandia tare Mr. balong Frate 3300 World barn San St Water and myself ! Lephinena 69 6150 is HO Then Meneral des

VS 150-REV. 1/1/68

1969

BALTIMORE CITY HEALTH DEPARTMENT



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VS 1S0-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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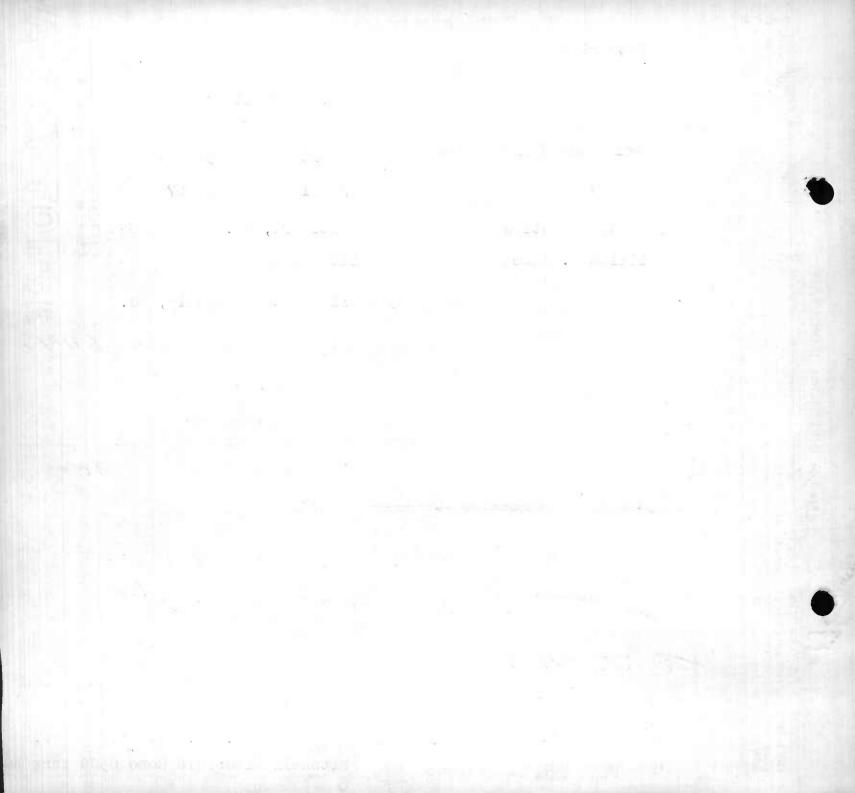
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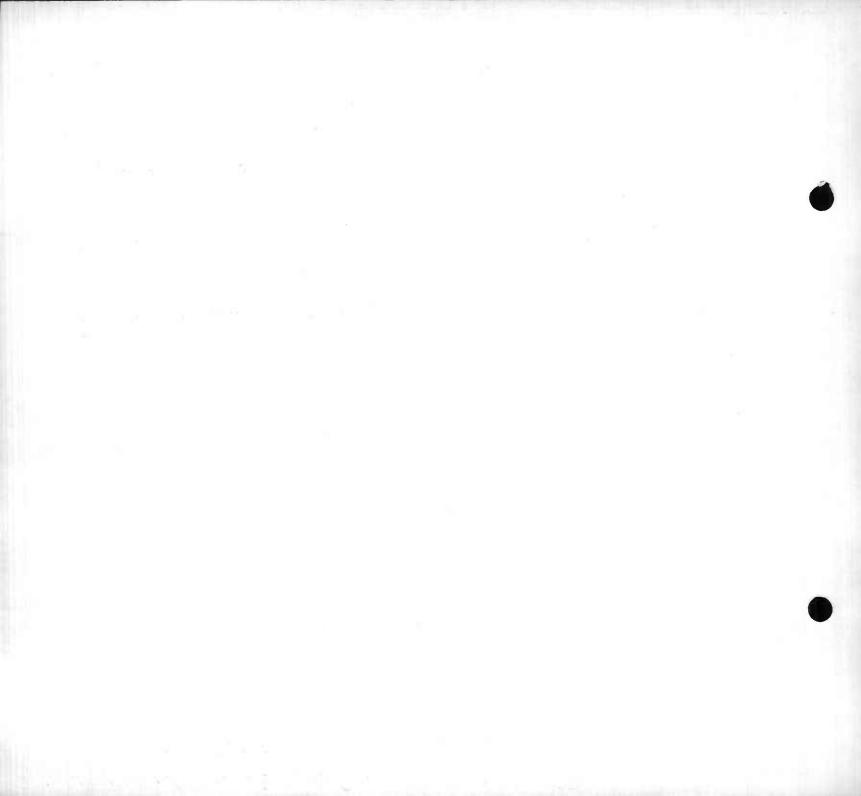
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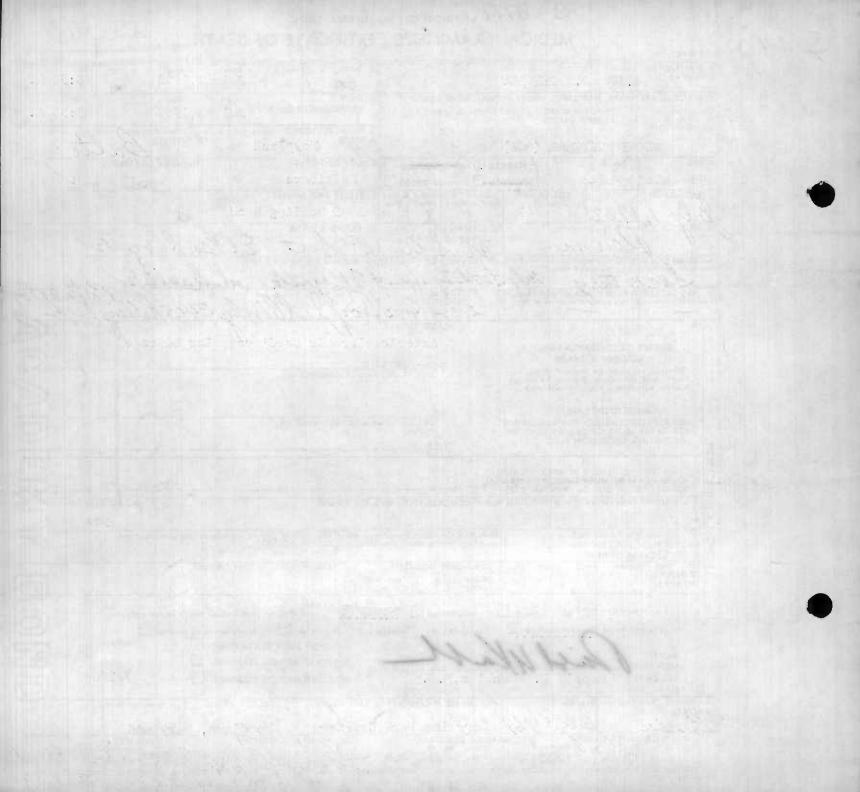
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69 6777 BALTIMORE CITY HEALTH DEPARTMENT

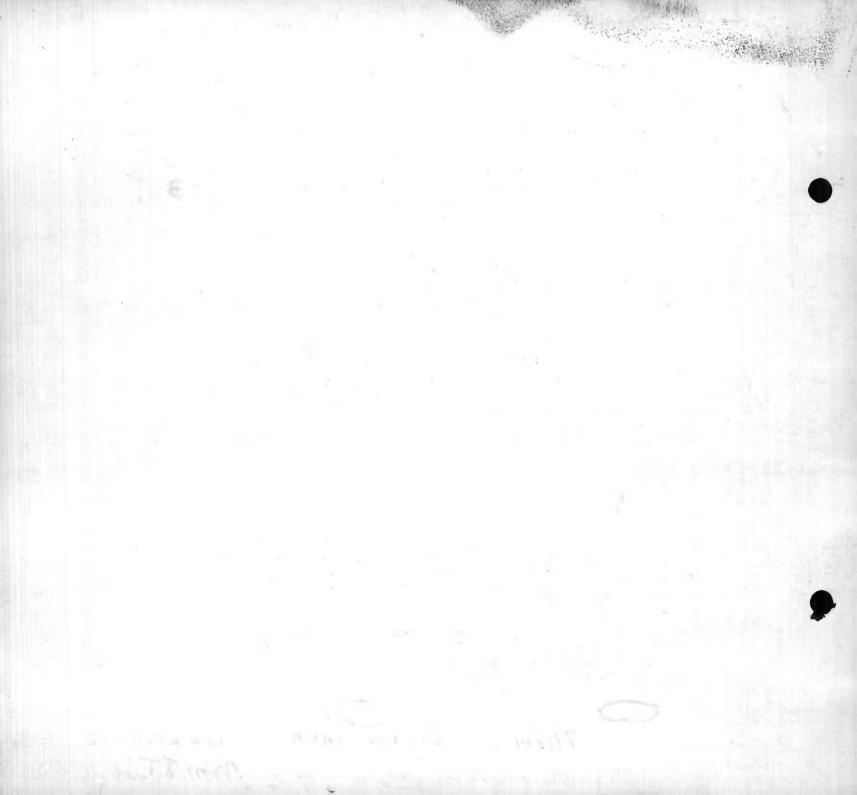
69 6777

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	
1. NAME OF DECEASED (Type or Print) ERMA J. SHIVELY	2. DATE   Known   Month   Day   OF   Estimated   July 2,1969	Year 8:50 A.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Day PRONOUNCED DEAD July 2,1969	Yeor Hour 8:50 A.
SINAI HOSPITAL (DOA)	S. USUAL RESIDENCE (Where deceased lived. W institution A. STATE Maryland B. COUNTY	Dalto 5
6. SEX 7. RACE 8. MARRIED NEVER MARKIED WIDOWED DIVORCED	Baltimore D. INSIDE C	YES NO B
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months, Days   Haurs   Min.	E. STREET AND NUMBER 3405 Rolling Road	
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY?	13. FATHER'S NAME Ellouber	rall
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRED OF BUSINESS OR INDUST	Y 15. MOTHER'S MAIDEN NAME	84/-
16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknown) (I yes, giverylar or dotes at service)  2/3/14-4/72	1/1/ 1/11 /// / - / - /	ADDRESS CHIEF 1/2
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)IMMEDIATE  (A)IMMEDIATE  (A)IMMEDIATE  (A)IMMEDIATE  (A)IMMEDIATE  (A)IMMEDIATE  (B)  (B)  (B)  (CAUSE OF DEA  (A)  (B)  (CAUSE OF DEA  (A)  (B)  (CAUSE OF DEA  (B)  (CAUSE OF DEA	osclerotic Cardiovascular Dise	APPROXIMATE INTERVA
UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
C)		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No) Yes
Y UNDERLYING LOR CONTRIR. I hame, farm, factory, street, attic	in or about 22C. WHERE DID (II in Bolitmore City, give extended, etc.) INJURY OCCUR?	
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT MORK AT V	22F. HOW DID INJURY OCCUR?	
ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)  Accident Suicident M. Suiciden	CHIEF MEDICAL EXAMINER	
24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY REMOVAL (Specify) LUMINE SULPY, 1969 Lorraine Park		n, ar county) (Stole)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DDRESS

of Kandallstown



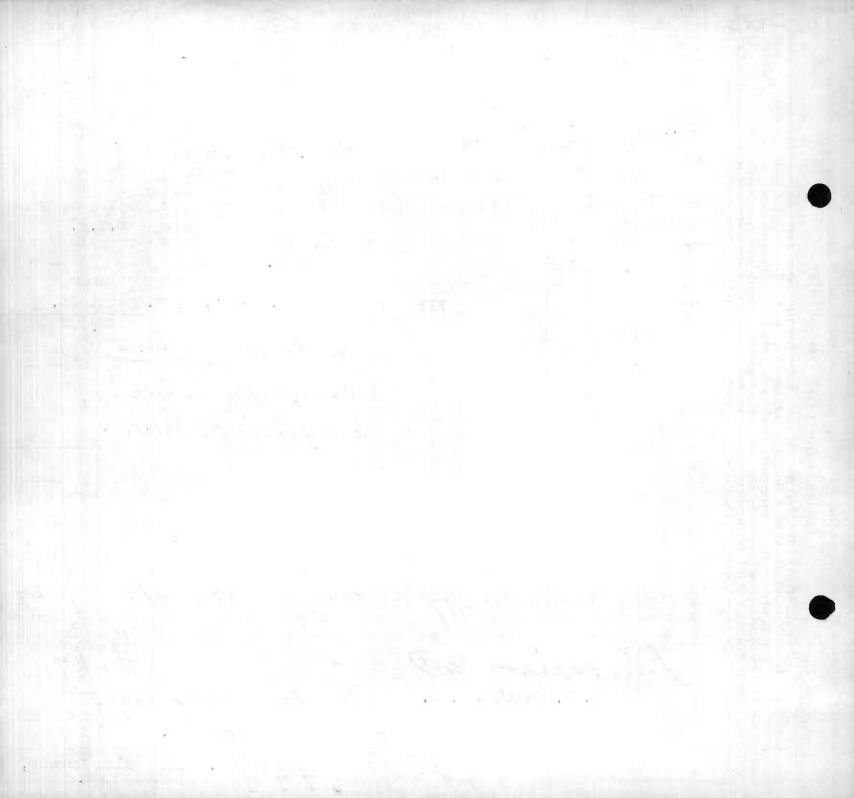
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WK	ے د			69 677	CERTIFICA	TE OF DEAT	TH REG. NO	69 6778	
bu d	the		H NO.		CERTIFICA		A STATE OF THE STA		
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Su		e or Printi	111.11/1.	2 *	2. 04	0/29/69	730	
f f	٥٠.	3. P	LACE IN BALTIMORE, MAR	VI AND WHERE PRONOL	INCED DEAD	14. USUAL RESIDENCE	E (Where deceased lived, if	institution: residence before admission	M.
<u>.</u> 0 0	9 4	3	THE IT DEFINITIONS WINK	EARLY, WHERE TROPOG	DINCED DEAD	A. STATE B.	COUNTY	: / 3 /	111
S S S	de	FUL	L NAME OF (IF NOT I	N HOSPITAL OR INSTITUTE OR LOCATION	JTION, GIVE STREET	DA	HIMORE	1101	
	20	INS	TITUTION / /		1/01/10	C. CITY OR TOWN	1/2.1 D. IN	ISIDE CITY LIMITS?	
E S	0 1	IA	Melchor	Nursing	, , , , , , , , ,	E. STREET AND NUM	yldNa	YES NO	
ed in	prio	0	2327, No	orth Chi	arles st	1016 N.	CAIVER	t Street	
ibu	Pop	5. \$	EX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	2 If Under 1 Yr. If Under 24 H Months Doys Hours Min.	rs.
STE	ase Tr	Le	emale white	WIDOWED [		8-9-18	76 .93		
0 40	re r	TOA.	USUAL OCCUPATION (Give during most of working life, ever		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNT	RY?
de ra	i de i	uune	haus a Illite	>		117	, ,	USA	
9 5	as e osii	13. F	ATHER'S NAME			14. MOTHER'S MAIDE	EN NAME	0 5/7	_
· = 6	the spo	,	11. 1	0 - 1		11:1-1	11.1		
A din din	上二节	1/	VDO DMAN Vas Deceosed Ever in U. S.	Sampl	14 505141	17, INFORMANT	410/d	ADDRESS	-
	alo	(Yes	no or unknown) (If yes, give v	wor or doles of service)	SECURITY NO.	// INFORMANT		ADDRESS	>+
PORTA is assistable, if the any kind	Pull				214-54-536	theodar	e William	1016 N CAL	CAT
O 8 := 5	da		18.4/241		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL	TH
O sir	o p		DISEASE OR CONDI		In	melapa	monea	111	
IM or h Also	E E	ы	LEADING TO		(A) IMMEDIATE CAL	JSE /		, any	
5 . 5	air		(This does not meon the hearl failure, asthenia, etc.	It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:			
OR	P P P		injury or complication which	th coused deoth.)	anteres	oschvatic .	Cardinascon		
D E E	0 50 0		ANTECEDENT	CAUSES	(8)	mare			
O S E A	¥ a a		DISEASES OR CONDITIO		DUE TO, OR AS	A CONSEQUENCE OF:			
IRECT ol exan (3) A f	n u s		rise to the obove co-		. (c)				
O D TO S	cia as ain		11		, \~/				_
- Pair	is XE	Z	OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING					
A E E	re re		TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV		•••••	***************************************			
ER dy dy	ici e			198. CONDITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes	s or No. 20B. IF YES, WER	E FINDINGS CONSIDERED	
Z 4 S	th ys	CERTIFIC	0	WAS PERFORMED		no	IN CERIFFING C	AUSES OF DEATH!	
F. F. C.			21 A. ACCIDENT WAS UNDE	SE OF hom	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE ffice bldg., INJURY OCC	DID (If in Boltim	ore City, give exact location)	
i ta	No Pe	U	DEATH (notify medical exami						
4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	\$ (9 pe	MEDI	21 D. TIME (Month) (Do: OF INJURY		INJURY OCCURRED		ID INJURY OCCUR?		
ho	d C	>	(APPROX.)	Whi	ile At Not While	e 🗌			
0 0 0 >	xc		22. I certify that (+) (this	haspital) ottended t	he deceased from	July	1968 ta	June 19 1969	_
a to	9;		that (H) (we) last saw the			1810/69/	and that In (my) (aut) o	pinian death accurred an the d	nte
0 0 0	eath) ust be		and haur and from the ca					primati decini deconica dii ino di	
st b	deal	1	23A. SIGNATURE	uses stated above. (I		riew the bady after a	leotn.	23 B. DATE SIGNED	-
ust de	S D E		Relief Di Cel	can true,	YM AH	ending Med.	☐ Shaff ☐	4/10/19	
E e B	a + a		July July	can for or	OEGREE Phy	s. Director	Staff Phys.	19/1/6/	
s r	>		NAME Oype			23D. ADDRESS			
Kas An	d prio				DEGREE				
1 2	4	24A	REMOVAL SPECIFY	DATE 24C.NA	AME of CEMETERY OF CR	EMATORY	24D. LOCATION	City, town, or county) (State)	
cert body	was D.O deceased written a		, , , , , , , , , , , , , , , , , , , ,	7/1/19	Louden	VTARK	Rai	TIMARS C. T	~
	was D.( decease written	25A	DATE REC'D BY HEALTH D	PEPT. 258. NAME C	OF REGISTRAR	25C. FUNERAL DIE	RECTOR	ADDRESS	f
This	was dece writ		KKK W	1000 2000	7.0		Wan 7	Ticken & Sa	
		_		ALLENS R. L. C. C. Co. Sec. L.	- All All All All All All All All All Al	and the same of th			ALKE.



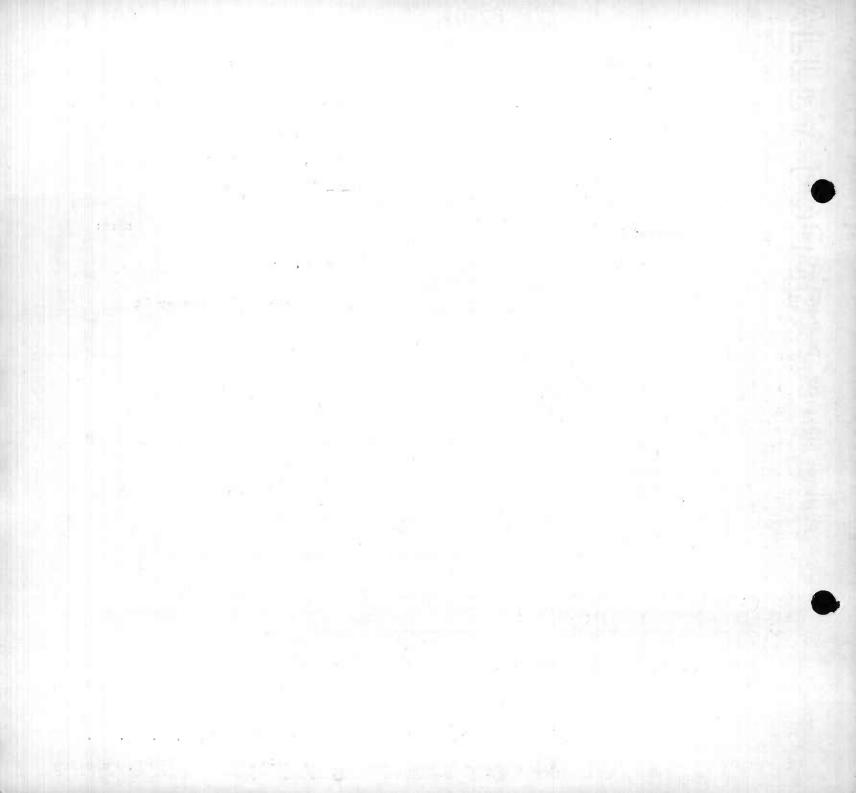
and or contributing cause of death ndetermined cause; (5) Deceased

IMPORTANT

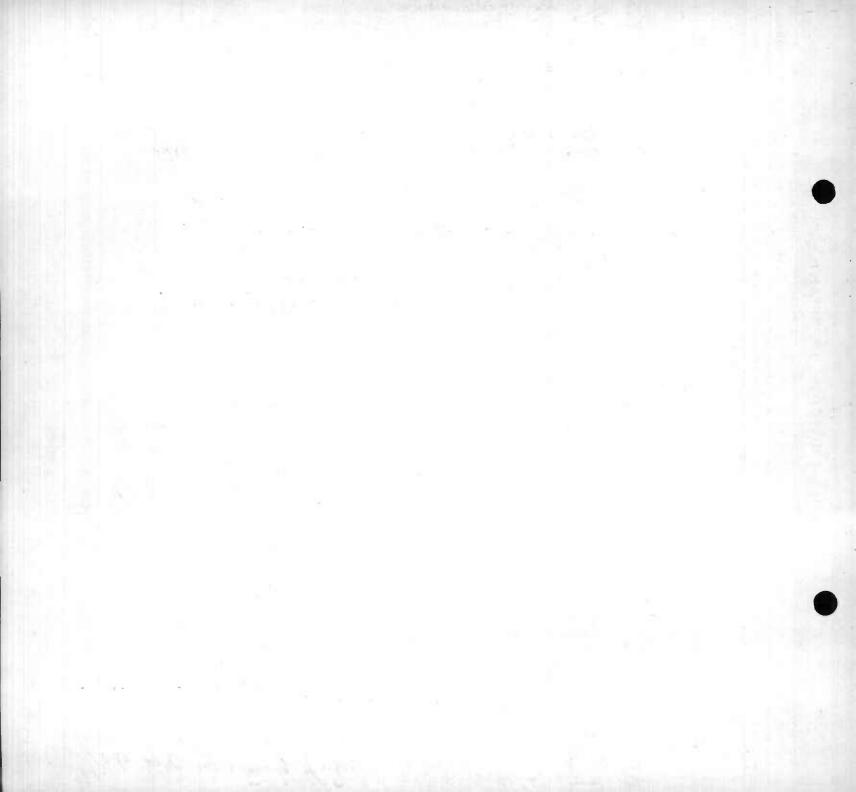
FUNERAL DIRECTOR:



IRTH NO.	6	9 6	780 CERTIFICA	TE OF DEAT	H REG. NO	69 6780
NAME OF DE					E AND HOUR OF DEAT	H 645 p
Viola					ly 1, 1969	10-1
B. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRO	NOUNCED DEAD	A. STATE B. C	(Where deceased lived, If COUNTY	institution: residence before admission
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INS	STITUTION, GIVE STREET	Maryland c. City OR TOWN	D. IN	ISIDE CITY LIMITS?
	or Nursing Hom	ne		Boltimore E. STREET AND NUMB	ER	YEST NO .
90				405 E. For		
. SEX	6. RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
F	W	WIDOW		3-3-1879	lost birthdoy)	Months Doys Hours Min.
			OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNT
	f working lite, even if retired)					
House		At	Home	Virgin		U:S:A:
3. FATHER'S NA				14. MOTHER'S MAIDEN	NAME	
Jehn Re	anv			Dora A. Pe	ad	
	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknow	(If yes, give wor or dot	es of service	SECURITY NO.			
No					1736 Webste	
18. 4	221		CAUSE OF DEAT	H	2000	BETWEEN ONSET AND DE
DISE	ASE OR CONDITION DI	PECTLY	$\sim 1$		1	1
	OR CONDITIONS, if	any, giv	3	CONSEQUENCE OF:	rio-solen	osis -
	he abave cause (A) IG CONDITION last.	slaling	(C)			
OTHER SIGN	II					
	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAI		Al			
	F OPERATION 198. CON		OR WHICH OPERATION	20A. AUTOPSY? (Yes		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING [ BUTING CAUSE OF fy medicol exominer)		218. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	in or about 21C. WHERE D ffice bldg., INJURY OCCU	ID (If in Boltim	ore City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour)	21E. INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
OF INJURY			While At Not Whi			,
(AFFROM)			Work At Work	7,	-	6/1
22. 1 certif	y that (I) (this haspita	l) attende	d the deceased fram	1:1	1965 to	1/ / 19 6
that (I) (we	) last sow the deceas	ed alive o	on 6/28	19 6 9 or	nd that in (my) (aur) o	pinion death occurred on the
and have a	nd from the courses sto	ted obaye	e. (I) (We) (did not)			
23A, SIGNAT		. Ju Judye	(-) (i.e.,) (aid iidi)	The bady offer de		23 B. DATE SIGNED
AT	10-	0.0	SINCO AH	ending Med. [	Staff	6/4/19
14	any we	rec	DEGREE Phy	s. Director L	Phys.	1/3/0/
NAME	RY DEIR	F1.	MD	1226 A	Lower Sh	- Baltwee 212
	REMATION, 24B. DATE	240	C. NAME of CEMETERY OF CR	EMATORY 24	D. LOCATION	(City, town, or county) (Stot
REMOVAL	(Specify)		Ondow III.			111-1
Burial	7 5 69	1	Cedar Hill		Brooklyn, A.	A. Go. Md.
5A. DATE REC'				1		
	D BY HEALTH DEPT.		ME OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
	JUL7 1969					



50-56-65 vlb	8-624 69 6781 CEPTIFICATE OF DEATH REG. NO. 69 6784
and sed the	BIRTH NO.
death death ease n the	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
of dd	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
4 00	1
a hos cause se; (5) endan to de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  D. INSIDE CITY LIMITS?
ca ca	2/ 4940 Eastern Abenue  Baltimore  VES NO
- G =	Baltimore, Maryland 21224  E. STREET AND NUMBER 1252 Armstead Way 21205
V:=	Total Tit Mister Total
occurre ontribut ermined regular eased p	lost birthdoy) Months Doys Hours Min,
oon oon on	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12, CITIZEN OF WHAT COUNTRY
det det	Adone during most of working life, even if retired)  Atome at Land  Almerand NEW HAMPSHIRE US A
de de de de de de de de de de de de de d	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
rect (4) (4) the	BARRY BRUCE MARY ROBERTS
Stant ind; eath	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
TTA ister in a	(Yes, no or unknown) (If yes, give wor or doles of service)  SECURITY NO.  Records:  4940 Eastern Ave.  Baltimore, Maryland 21224
ass ass	18. CAUSE OF DEATH  APPROXIMATE INTERVAL 18 ETWEEN ONSET AND DEATH
IMPORTANT r his assistant Also, if the dir s of any kind; ( ounced death ittendance on	DISEASE OR CONDITION DIRECTLY
Als Als	(A) IMMEDIATE CAUSE Acute Gastraintestina bleeding Due to, or as a consequence of:
iner iner. actu pro pro	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)
o animal of a single of a sing	ANTECEDENT CAUSES (B) Cirrhosis unknown
C S E A A e e	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR: ical examiner al examiner. is, (3) A fractu cian who pro cian who pro sis in regular	underlying condition lost. (c) Chronic Alcoholism 15 years
- U E - U O	
medica nedica burns; shysici an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
ER ief redy dy leep pricial	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
T O L O	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
	On contention of the start of t
by the spital vine; (whe spital spital vine) (whe spital spital vine) (whe spital spital vine) (whe spital	DEATH (notify medical examiner)
ved by hospitonature; ept what in (6) No inned by	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While
_ 0000	Work At Work
0 10	22. I certify that (1) this boshiral attended the deceased from June 26 19 69 to July 4 19 69
b + 0 = 0 + 0	that (1) (we) last saw the deceased alive an Suly 4 19 67 and that in (my) (out) opinion death accurred an the data
ust be assed dent cospit deat	and haur and from the causes stated above, (I) (We) (did) (did-not) view the bady after death.  23A. SIGNATURE
20.56	Michael M. M. Councell M. D. grans Phys. Mod. Director Phys. & Chel 4, 1969
	23C. PHYSICIAN'S 23D. ADDRESS 4940 Eastern Ave. Belto. Md. 21224
was was An c b at	Michael M. Mc Connell M. D. OEGREE BALTIMORE CITY HOSPITAL
certificate sody was r ss. (1) An a D.O.A. at ased prior	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
body ws: 0.0	Burist 7/8/69 meadwritge ben Tilkrilge mid.
nis now now as	25A. DATE REC'D TREMTH 1969 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR M. Out 9 ADDRESS 4.
*****	VS 150-REV. 1/1/68 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	73 130 RET. 17 1700



69	6782 BALTIMORE CIT CERTIFICA	Y HEALTH DEPARTMENT	REG. NO	69 6782
(Type or Poot)	Marken	2. DATE AT	ND HOUR OF DEATH	2 (300
3. PLACE IN BALTIMORE, MARYLAND, W		A USUAL RESIDENCE (Who	1/4/67	nstitution: residence before odmission
FULL NAME OF HE NOT IN HOSPITA	OR INSTITUTION CIVE STREET	A. STATE B. COUN	TE deceased lived. II An	nstitution: residence before odmissi
HOSPITAL OR ADDRESS OR LOCA	TION)	C, CITY OR TOWN	D. INS	IDE CITY LIMITS?
37 Mercy Hosp.		Bulto.		YES NO
3/ 10000		E. STREET AND NUMBER	, 1) 1	11
		2027 1	Paul &	tt. 21218
5. SEX 6. RACE	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 12-29-92	9. AGE (In years lost birthcov) 76 XXXXX	II Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work	IOR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore	ign country)	12. CITIZEN OF WHAT COUNT
one during most of working life, even if retired)  heet Metal Worker		)	,	
3. FATHER'S NAME		Pennsylvania		U. S. A.
		MOINER'S MAIDEN NA	WE	
John Marker		Amelia Erb		
5. Was Deceased Ever in U.S. Armed Forc Yes,no or unknown) (II yes, give wor or doles	of service)   6. SOCIAL   SECURITY NO.	17. INFORMANT		ADDRESS
No	170-12-2394	Mrs. Sylvia Ma	rker 2027 Si	t. Paul St. 21218
DISEASE OR CONDITION DIRI LEADING TO DEATH (This does not mean the mode of heart foilure, a sthenia, etc., it means injury or complication which coused anticolor which could be anticolor which could be anti	dying, e.g., the disease, deoth.)  Tributing E TERMINAL I (A) IMMEDIATE CAL DUE TO, OR AS  OUE TO, OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No.	21. Maria	PINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (notify modical examines)	21B. PLACE OF INJURY (e.g., inome, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID lines bldg., INJURY OCCUR?	(If In Boltimore	e City, give exoct location)
(APPROX.)	(Hous) 21E INJURY OCCURRED  While At  Not While Work At Work	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (1) (this hospital):	attended the deceased fram	6/61	969 to 7/	1967
that (1) (we) last saw the deceased	alive an 7/~	19 69 and the	it In(my) (aur) apin	nion death occurred an the de
ond haur and from the couses state	d obave. (1) (We) (did) (did nat) v			an ine di
23A. SIGNATURE			Staff	23 B. DATE SIGNED
23C. PHYSICIAN'S NAME (Typel	DEGREE Phys		Phys. La	1/2/6/
4A. BURIAL CREMATION, 24B. DATE	DEGREE	March 1	-/	
REMOVAL (Specify)  Burial  7-5-69	Woodlawn Cemeter			imore, Maryland
	58. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	diawn, balt	13110
HII - 1000	2 & Falle MD.		bard 4107 W	ADDRESS Jilkens Ave. 2122

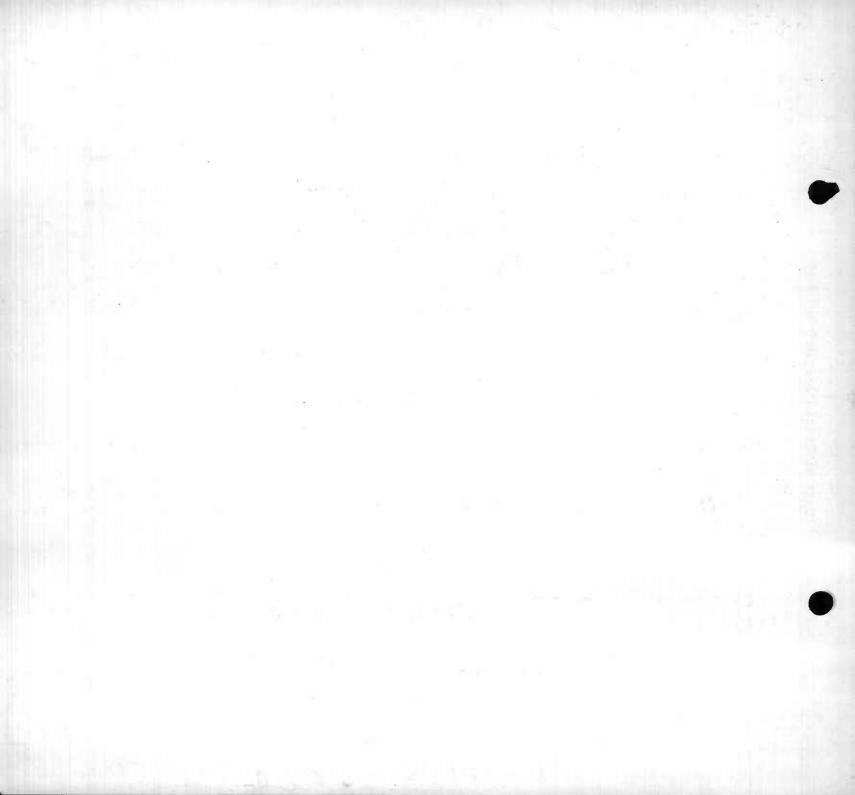
<b>35</b>	MEDICAL EXAMINER'S CERTIFICAT	TE OF DEATH REG. NO.
		own Manth Doy Year Hour
	(Type or Print) OF	
	CHESTER D. JENSEN	1111
- 60	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED	DEAD"
	HOSPITAL ADDRESS OR LOCATION)	литу 1. 1969 1:30 рм.
CERT	ITICALE AMENDED - 1969 A. STATE	NCE (Where deceased lived, If institution: residence before admission)  B. COUNTY
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN	D. INSIDE CITY LIMITS?
		187
	Male White WIDOWED DIVORCED Balto.  9. DATE OF BIRTH   10.AGE (In years   If Under 1 Yr. If Under 24 Hrs.   E. STREET AND N	YES X NO
	last birthday) Manths Days Haurs Min.	athedral St.
E	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF 13. FATHER'S NAME	
	Brooklyn NEW YORK WHAT COUNTRY? SIGYAS	Rd JENSEN
100	14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MA	
	dane during most of working life, even if retired)	
		AIA OLSEN
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT SECURITY NO.	ADDRESS DENIS
	WAITER SE	NSEN (Brother) 4/ BARRX LAME SOMASS
	19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 1169	Antoniogo longtion	cardiovascular disease
	LEADING TO DEATH	cardiovascular disease
1 5	(A)IMMEDIATE CAUSE  (This does not mean the mode of dying, e.g.,  (D) IF TO OR AS A CONSEQUENCE	· OF·
	heart foilure, asthenia, etc. It means the disease, Injury or complication which coused death.)	. 517
	migry of complication which course deducty	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE	E OF:
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	Z (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL Fatty alterat	ion of the liver
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OI AUTORIA (Vana Na)
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	0 2	Partial YES
	✓ 22A. EXTERNAL CAUSE WAS  22B. PLACE OF INJURY (e.g., in or obout 22C. W	HERE DID (If in Saltimare City, give exact location)
	UNDERLYING OR CONTRIB. home, form, foctory, street, office bldg., etc.) INJURY UTING CAUSE OF DEATH.	OCCOR!
		OW DID INJURY OCCUR?
v	OF INJURY WHILE AT NOT WHILE	
	m. WORK AT WORK	
		that an this basis, death In my apinian
	resulted from: Natural causes Accident Suicide Homicid	e Undetermined manner
		MEDICAL EXAMINER DATE SIGNED
	SIGNATURE M.D. ASSISTANT	MEDICAL EXAMINER
		MEDICAL EXAMINER
		edical Examiner July 1, 1969
	24A. BURIA CREMATION 24B. DATE 24C. NAME of CEMETERY O CREMATORY	24D. LOCATION (City, town, or county) (State)
	REMOVAL TIS 1691 COLL PARK CROS	0:11
	TO THE STATE OF TH	mi ISAITIMORE-marrian
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNER	AL DIRECTOR ADDRESS
	JULY 1969 June E. Fasher, M.D. Mr.	n Ttille de Sans
	VS 151-REV. 1/1/68	in a
	1969111106	7 4

19690006774

7/10/69 - Letter from Office of the Chief Medical Examiner, Werner U. Spitz, M.D. Deputy Chief Medical Examiner, dated July 8, 1969/

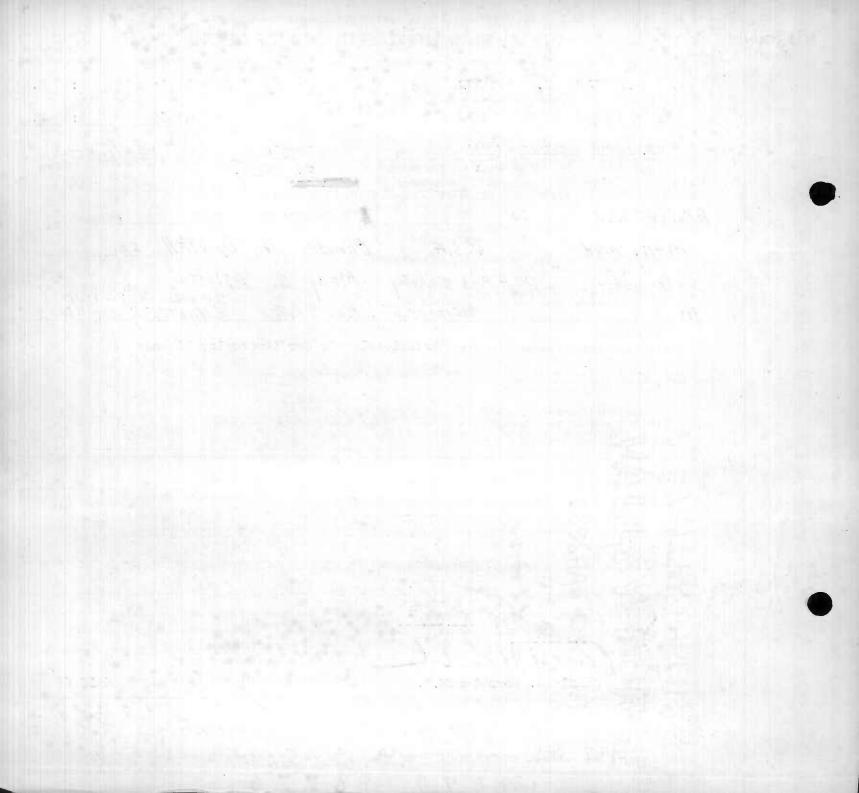
VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



VS 151-REV. 1/1/68

	69	6785	BALTIMORE CITY HE	ALTH DEPAR	RTMENT	X				
Marie Con	M	EDICAL I	EXAMINER'S	CERTIFIC	CATE OF	DEATI	H	69	678	15
BIRTH NO.							REG. NO		976	
1. NAME OF DEC	EASED			2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(Type or Print)	CHARLES	H. DON	TELL Je.	DEATH	Estimoted	June	29,196	9	8:40	P
4. PLACE IN BALT	TIMORE, MARYLAN	D, WHERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	1 ·M.
FULL NAME OF	(IF NOT IN HO	SPITAL OR INSTITU	JTION, GIVE STREET	PRONOL	INCED DEAD					70
OR INSTITUTION	ADDRESS OR L	OCATION)		£ HEHAL D	ESIDENCE (Where		9,1969		8:40	
			-11	A. STATE			B. COUNTY	sidence b	etore odmis	Sion)
	AGNES HOS		O(A )		Maryland	i	3	A 117	MOLLE.	730
6. SEX	7. RACE	8. MARRIEI	NEVER MARRIED	C. CITY OR	Ellicotte	16	D. INSIDE CIT	Y LIMITS?		
Male	White	WIDOWE	DIVORCED [	Y 21	THE WAY	1	YES	1 🗆	NO 🛛	
9. DATE OF BIRTH			Under 1 Yr. If Under 24 Hrs. onths   Doys   Hours   Min.	E. STREET A	ND NUMBER					
APR.1/27	1910	59	onins Doys Hours   Min.	#20 W	estchester	Avenu	10			
11. BIRTHPLACE (S	tate or foreign count		CITIZEN OF	13. FATHER		- 1146110				
man	1/2-11		WHAT COUNTRY?	PL.	1- 11	D.	TEI	10		
	A A A A A A A A A A A A A A A A A A A	work 148 KIND O	F BUSINESS OR INDUSTR	VIIS MOTHER	P'S MAIDEN NAA	DON	11-11	SR		
done during most of w	orking life, even if reti	red)		AA .	S MAIDEIN INAM	11011	1-			
SUPERV		DC,A	Food Industry	MAI	ry C,	117111	WESTCAR			
(Yes, no or unknown)	ED EVER IN U.S. AR	otes of service)	17. SOCIAL SECURITY NO.	18. INFORM	AANT	20	WESTCHE	DRESS	AUE.	
No			215-10-5565	LilliAN	DONTEll	Eli	100TTCi	Ly Md	2104	13
19.4	P. Sufer.		CAUSE OF DEA	TH				APP	ROXIMATE IN	
DISEASE	E OR CONDITION	DIDECTIV	Arterio	sclenti	c Cardiova	ecular	Disass		EN ONSET AI	NO DEATH
	LEADING TO DEAT				c oalalove	Scular	DISCOS	=		
(This does no	ot meon the mode of	of dying, e.g.,	(A)IMMEDIATE O	AS A CONSEQ	LIENCE OF:	**********			*******	
heart loilure,	, osthenio, etc. It meor oplication which cause	ns the disease, d death.)	50E 10, 0K	AD A CONSEQ	OLIVOL OI.					
		-								
	NTECEDENT CAUSE		(B)		^					
DISEASES C	OR CONDITIONS, IF	ANY, GIVING	DUE TO, OR	AS A CONSEC	QUENCE OF:					
I UNDERLYIN	G CONDITION LA	ST.	(c)							
0	- 11		(0)							
OTHER SIGN	IFICANT CONDITION									
O THE DEA	ATH BUT NOT RELATE CONDITION GIVEN		AL							
has been been been been been been been bee			R WHICH OPERATION W	AS PERFORM	ED			21. AUTOF	SY? (Yes o	r No)
15								III AUTOI	311 (	,,,,
₹ 22A. EXTERN	NAL CAUSE MAS	las	BLACE OF BUILDING		00 1101			n	.0	
UNDERLYING	OR CONTRIB-	ho	B. PLACE OF INJURY (e.g., me, form, foctory, street, office	e bldg., etc.)	VJURY OCCUR?	it in Boltimore	City, give exoc	f locotion)		
B UTING □ CAL	USE OF DEATH.									
≥ 22D. TIME (	Month) (Doy)	(Yeor) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID INJ	URY OCCU	R?			
(APPROX.)		m		WHILE VORK						
23.										
I certi	ify that I held an	Inquiry 🗌	Inspection X Au	tap sy	and that an th	is basts,	death in my o	pinian		
	ed fram: Natural		Accident Suicie				ed manner	-		
103011			/ /		CHIEF MEDICAL E			,		
ACTUAL	1/	2 1 1/1	/ / /						DATE SIGN	NED
SIGNATU	IRE Jan	El VIK	M.E	ASSI	STANT MEDICAL E	XAMINER	X.J			
EXAMINE	IV UII a I L	N. Korn	blum, M.D.	ASSO	CIATE MEDICAL E	XAMINER		6/	30/69	
NAME (T	ype)			CDCMATA	- I	004701	10.			
24A. BURIAL CREA REMOVAL (Specif		16	24C. NAME of CEMETERY	ar CKEMAIO	24D. I	LOCATION	(City, town,	or county)	(Stot	e)
Bunispl	7-3-	-69	Nonland	GEM.	1%	AMPER	sburg	T	PA.	
25A. DATE REC'D	BY HEALTH DEPT.		AE OF REGISTRAR	25C. F	UNERAL DIRECTO		/ AD	DRESS	_	,
	JUL7 1	JOS VIGUE	is E. Jaber M.D		460 Thom-5/4		Ellicoi	TEL	, md	
l-				30. //	FUNKARI H	+mE		21043	?	



ANT FOR (REFERENCE) Sodies

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7/7/47 Total some PK Sone a med

Wing Chalicon to 1781 DOSCIELE C

	69 6	787 BALTIMORE CITY	HEALTH DEPARTMENT		
	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	69 6787
П	NAME OF DECEASED  (pe or Print) Summy Nu	Michael	J. 7.	3. 1969	190
ш.	PLACE IN BALTIMORE, MARYLAND, WHERE PROJECT IN HOSPITAL OR IN		ILV SIVIE & SI COOL	ore deceased lived if in Baltun	nstitution: residence before admission)
fN	OSPITAL OR ADDRESS OR LOCATION	STITUTION, GIVE STREET	C. CITY OR TOWN		IDE CITY LIMITS?
5	Charch Home an	2 Till	E. STREET AND NUMBER	00. 1	YES NO Ave.
5.	esy k sees	1.0.	8. DATE OF BIRTH	2 Classed	RESERVE 2/224
	male w WIDOV	VED DIVORCED	6/13/98	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
0011	LUSUAL OCCUPATION (Give kind of work 108, KIND to during most of working life, even if retired)  et-Detective Lt. Bal	to. City	11. BIRTHPLACE (State or lore	ign country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	4. SAMerica
15	Wes Declosed Ever in U. S./Armed Foices?	~~	Marque	& Jules	R
(Ye	s, no of unknown) lift yes, give wor or doles of service	16. SOCIAL SECURITY NO. 219-28-4707	17. INFORMANT	Lemms	. Same as l
	18.	CAUSE OF DEATH	-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAUS	: metasta	tii Ca	lugs leig
	(This does not mean the made of dying, e heart foilure, asthenia, etc. It means the disec injury or complication which caused death.)	1,1,	CONSEQUENCE OF:	**********************	
	ANTECEDENT CAUSES	60	047		(100-6
	DISEASES OR CONDITIONS, if ony, giv nise to the above cause (A) stating UNDERLYING CONDITION lost	lhe	CONSEQUENCE OF:	***********************	well
_	II	(c)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL	00		***************************************
2	19A-DATE OF OPERATION 19B CONDITION FO	R WHICH OPERATION	NO NO	208, IF YES, WERE FI	INDINGS CONSIDERED
CALC	DEATH (notify medical examiner)	218, PLACE OF INJURY (e.g., in home, form, foctory, street, offic etc.)	or obout 21 C. WHERE DID	(If In Bolttmore	City, give exoci locotion)
MEDI	OF INJURY	21E INJURY OCCURRED While At Not While	21F. HOW DID INJU	JRY OCCUR?	
		Work At Work			
	22. I certify that (I) (t <del>his hos</del> pital) attended that (I) (we) last saw the deceased alive o			9 <u>69</u> ta	7.3.6 1969
- 1	and haur and from the causes stated above		and the	it in (my) (চিটা) opini	fan death occurred an the date
	23A. SIGNATURE		w the bady after death.		23B, DATE SIGNED
	Corazon I- Vzegara,		Director 🔲 1	Shaff Phys.	7-3-1969
	NAME (Type)  CORAZON Z. VERGARA,		Church t	Home d	Hospilal
24A.	BURIAL CREMATION, 248, DATE 24C. REMOVAL (Specify)	NAME OF CEMETERY OF CREM			, town, or county) (Slote)
26.5	Burial 7/7/69 Sa	acred Heart of	Jesus Cem.	Baltimore	, Md.
(5 A.		E of registrar	25C. FUNERAL DIRECTOR	Funeral H	ADDRESS
/S 1	50-REV. 1/1/68		- Usast ste	hms-Lane	



69 6788 BALTIMORE CITY	HEALTH DEPAR	TMENT		
MEDICAL EXAMINER'S			DEATI	H REG.
T. DUBIEL	2. DATE OF DEATH	Known X	Manth	Day

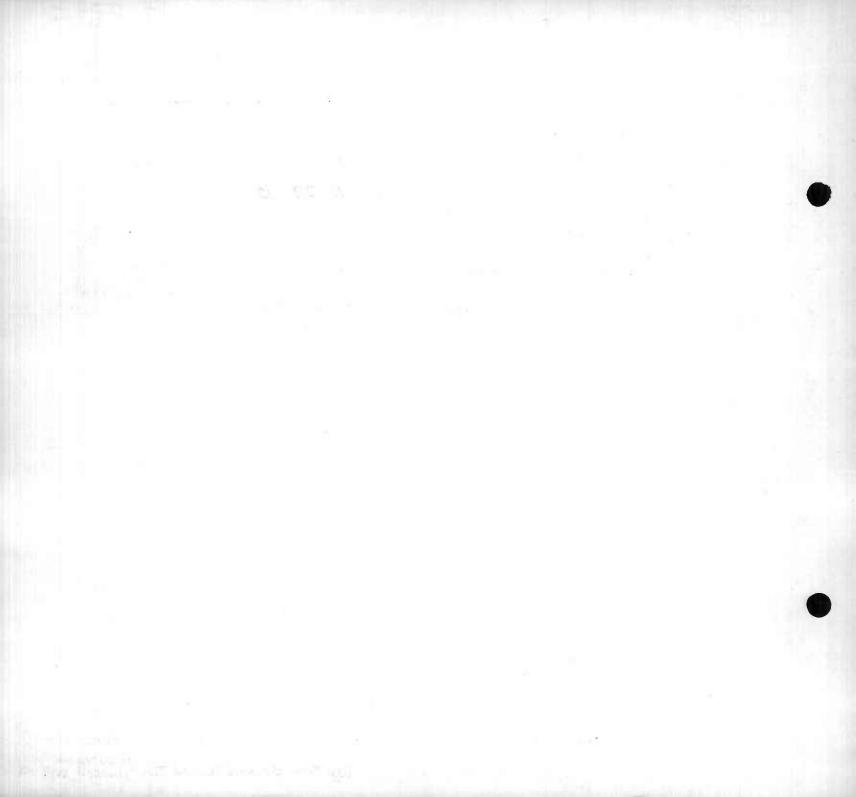
NO. BIRTH NO. 1. NAME OF DECEASED Year Hour (Type or Print) TIFFANY 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Yeor Hour Manth Doy PRONOUNCED DEAD July 1969 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 7-15-70 B. COUNTY A. STATE Johns Hopkins Hospital D.O.A. Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS B. MARRIED NEVER MARRIED WIDOWED YES X Female White DIVORCED \_\_ NO Balto. 9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER last birthday) Months | Days , Hours | Min. 3/24/67 2 2513 Ashland Ave. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? George Dubiel Baltimore, Md. 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Laurel Sponaugle none 16. WAS DECEASED EVER IN U.S. ARMED FORCES? IB. INFORMANT Balto.Md. 2122ADDRESS SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war ar dates of service) Karen Conrad, aunt, 33 Colony Hill Ct APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Arsenic poisoning complicated by Pneumonia DISEASE OR CONDITION DIRECTLY **LEADING TO DEATH** Food Poisoning (A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (B)\_\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)\_ CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 21. AUTOPSY? (Yes or No) 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22B. PLACE OF INJURY (e.g., in ar obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIBhome 2513 Ashland Ave UTING CAUSE OF DEATH. 22F. HOWDID INJURY OCCUR?
Ingestion of arsenic from unknown source ingestion of contaminated food (Hour) 22E.INJURY OCCURRED 22D. TIME (Month)
OF INJURY (Yeor) NOT WHILE WHILE AT (APPROX.) AT WORK WORK Autapsy XX and that an this basis, death In my apinion I certify that I held an Inquiry Inspection \_\_ REPURENT CO. Suicide HamicIde \_\_\_ Undetermined manner resulted fram: Natural causes CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner JULY 1, 1969 24D. LOCATION (City, tawn, or county) 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 放文 7/5/69 Glen Haven Mem. Park Baltimore, Md. 258. NAME OF REGISTRAR 25c. FUNERAL DIRECTOR uneral Home, 25A. DATE REC'D BY HEALTH DEPT. Madison St. VS 151-REV. 1/1/6B

Letter from M.E.'s office 7-15-70 M.H. Bhould be call to E980.7 changed too late 176 N 985.1 to change 1817 card -Tabulations for 1969 had been completed

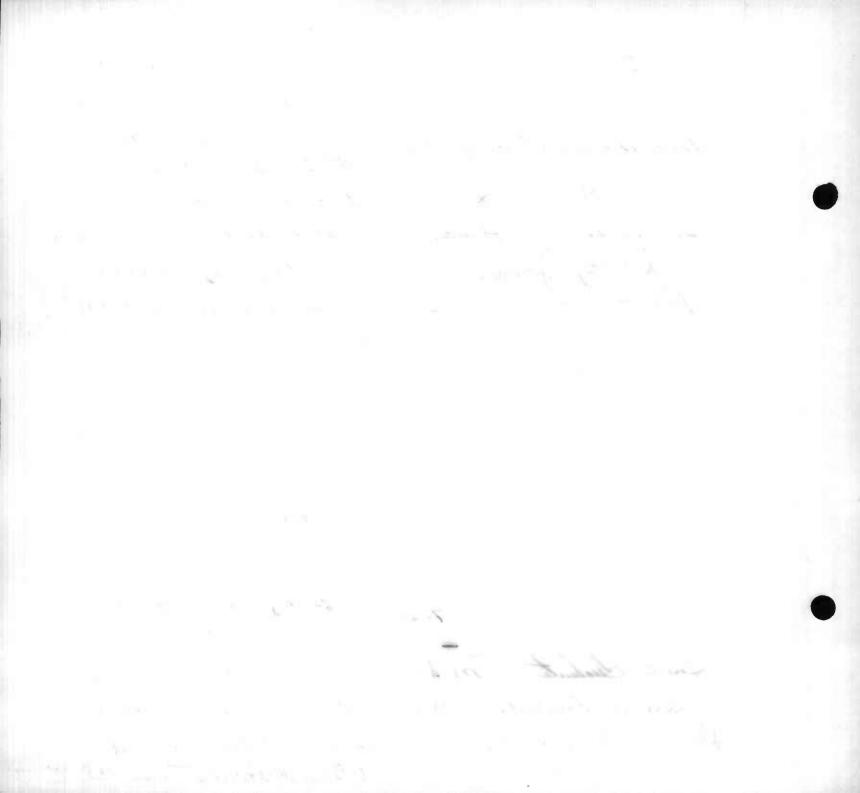
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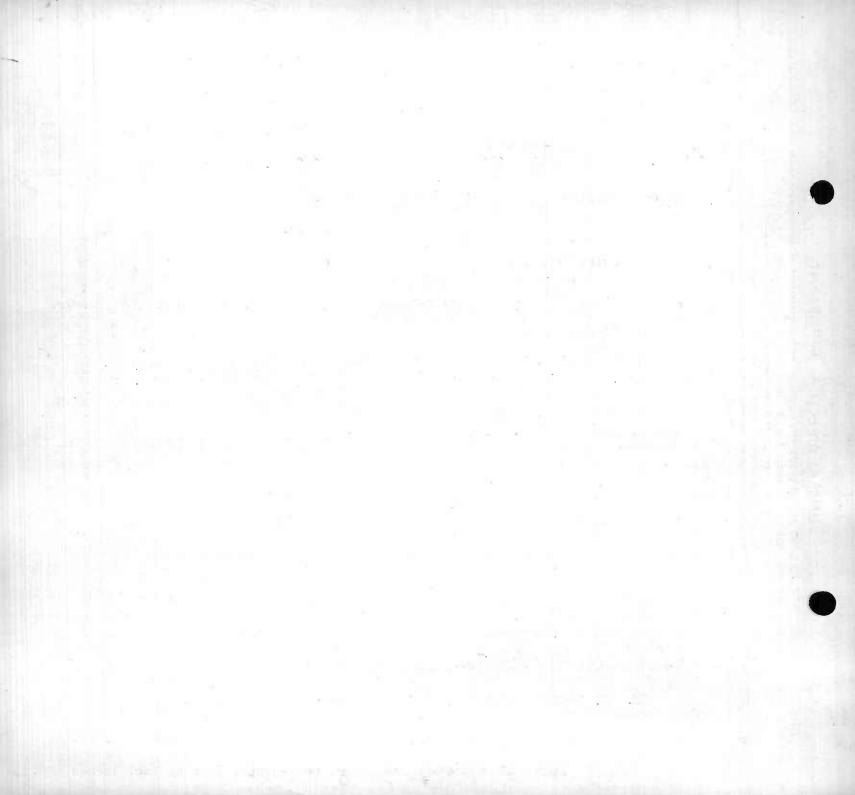


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VS 150-REV. 1/1/6B

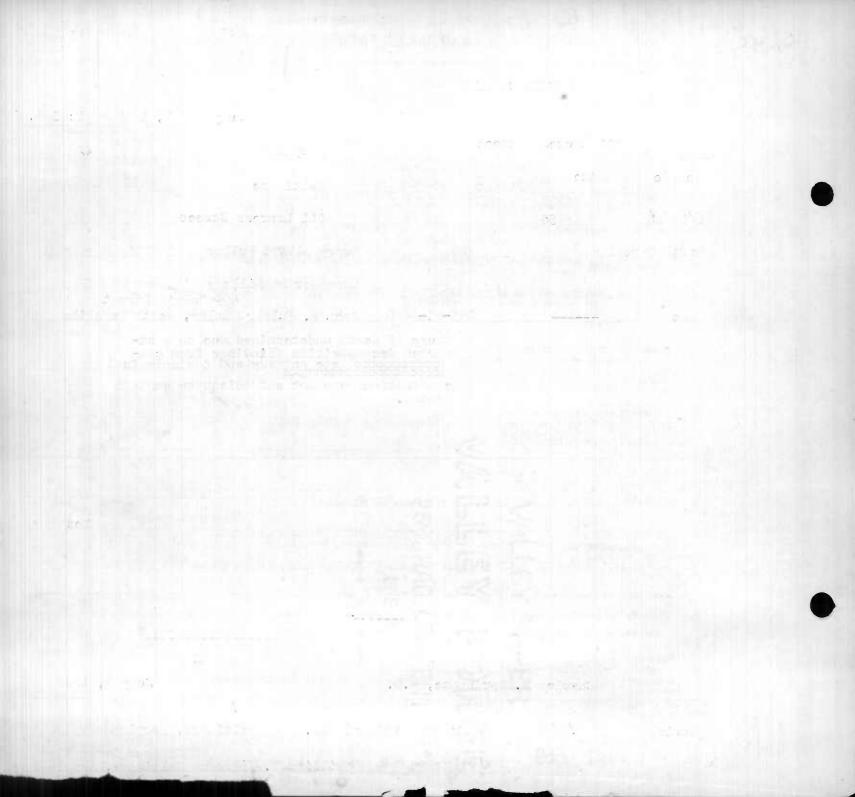




69 6793 BALTIMORE CITY HEALTH DEPARTMENT

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BII	RTH NO.		MED	ICAL	EXAMINE	(2(	LEKTIFI	CATE OF	DEAT	H REG. NO	D		
1.	NAME OF DEC	EASED	матт	IE CLA	VTON		2. DATE OF	Known   Estimated	Month	Doy	Yeor	Hour	
4.	PLACE IN BALT	IMORE, MA			NOUNCED DEAD		3. DATE	23111101101	Month	Doy	Yeor	Hour	М.
HO	LL NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET			UNCED DEAD	July	2,		2:45	147.
C	20	222	Lauren	s Stre	et		A. STATE	ESIDENCE (When Maryland	e deceosed liv	B. COUNTY	on: residence	101	sion)
	SEX	7. RACE		8. MARRIE	D NEVER MARRI	IED 🗌	C. CITY OF	TOWN		D. INSIDE	CITY LIMITS?		
	Female	Whi	te	WIDOWE	D DIVORC	ED 🗌		Baltimore	e		YES XX	NO 🗆	
	DATE OF BIRTH		10. AGE (Ir lost birthdo	yeors I	f Under 1 Yr. If Under Ionths Doys Hours	24 Hrs. ! Min.	E. STREET	AND NUMBER		201			
	8/25/12 BIRTHPLACE (S	tata ar faraig	56	11:	CITIZEN OF	!	13. FATHER	222 Laur	ens Str	eet			
			n country)	- "	WHAT COUNTRY	?	13. PAINER	5 NAME					
144	North Car	PATION (Give	kind of work	148. KIND (	USA OF BUSINESS OR IN	DUSTR		y Albert R's MAIDEN NA					
don	e during most of w	orking life, ev	en ifretired)				Tune	Dowtho 1	(431-				
16.	WAS DECEASE	D EVER IN	J.S. ARMED	FORCES?	17. SOCIAL	10	18. INFOR	Bertha M	TITE	Codwin	ADDRESS		
(1e	s, no or unknown) No		ar or dotes	of service)	243-03-3		Johr	R. Fulle					
	19.	1 9			CAUSE C	OF DEA	TH				A	PPROXIMATE IN	
	DISEASI	OR CONDI	TION DIRE	CTLY	Cause	of	death	indetermi	ned due	to po	st-	TELIT OF IGET A	VD DEATH
		EADING TO			morte	m de	compos xxxxple	ition (fi	ndings v and t	coxicol	om-		
	heort loilure,	ot meon the osthenio, etc.	It meons the	diseose,				not suf					
	injury or com	plication whic	h coused de	oth.)	death	).	on wer	s not sur	ricien	. Lo ex	brain		
	AA	TECEDENT (	CAUSES						11				
	RISE TO THE	ABOVE CAL	JNS, IF ANY	, GIVING	DUE	TO, OR	AS A CONSE	QUENCE OF:	. M				
Z	UNDERLYIN	G CONDITI			(C)								
은			II		L-131 T-1							-	
CERTIFICATION	TO THE DEA DISEASE OR	IFICANT CON ITH BUT NOT CONDITION	RELATED TO	THE TERMIN	NG IAL	**********	<b>70</b> 000 0 000 0 000 0		~~~~~~~~~~~~~~~	***			
ERT	20A. DATE OF	OPERATION	208. CON	NDITION F	OR WHICH OPERATI	ION W	AS PERFORA	MED			21. AUTO	PSY? (Yes o	r No)
O	2											Yes	
EDICAL	UNDERLYING		TRIB-	22 ho	B. PLACE OF INJUI	RY (e.g., eet, offic	in or obout e bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(If in Boltimor	re City, give e	xoct locotion)		
ME			oy) (Yeor	) (Hour)	22E.INJURY OCC	URRED	:	2F. HOW DID IN	JURY OCCI	JR?			
	OF INJURY (APPROX.)			m	WHILE AT WORK		WHILE WORK						
	23.			/		7 7							
	I certi	fy that I he	eld an I	nquiry	Inspection _	Au	tapsy	and that an	this basis,	death in m	y opinian		
	result	ed fram: N	atural cau	sos	Accident	Suicio	de 📙 🖁 H	amicide 🔲	Undetermi	ned manner	_ X		
	ACTUAL	01		1	1), >	4		CHIEF MEDICAL				DATE SIGN	NED
	SIGNATU	RE	07/	0.0	Jest 1	M.D	ASS	STANT MEDICAL	EXAMINER				
	EXAMINE NAME (T		harles	S. Sp	ringate, M	l.D.	ASSO	OCIATE MEDICAL	EXAMINER		July 3	, 1969	
	A. BURIAL CREA MOVAL (Specif		48. DATE	-	24C. NAME of CEN	METERY	ar CREMATO	DRY 24D	LOCATION	(City, to	wn, or county	) (Sto	te)
	Burial		7/4/69		Baltimore	Nat	ional C	em.	Baltim	ore. Ma	ryland		
25	A. DATE REC'D	BY HEALTH D	DEPT.	258. NA	ME OF REGISTRAR		25C.	FUNERAL DIRECT			ADDRESS		1
		JUL?	1969	-	& E. Jaber	ALB.	Wi	llian E.	Johnson	021 1	och Ra	ven Bl	vd
VS	1SI-REV. 1/1/68			1 . 7	690		6	7 0 -	TUBLISC		ALUUDING.	SBIAT	DIUU



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## 69 6794 BALTIMORE CITY HEALTH DEPARTMENT

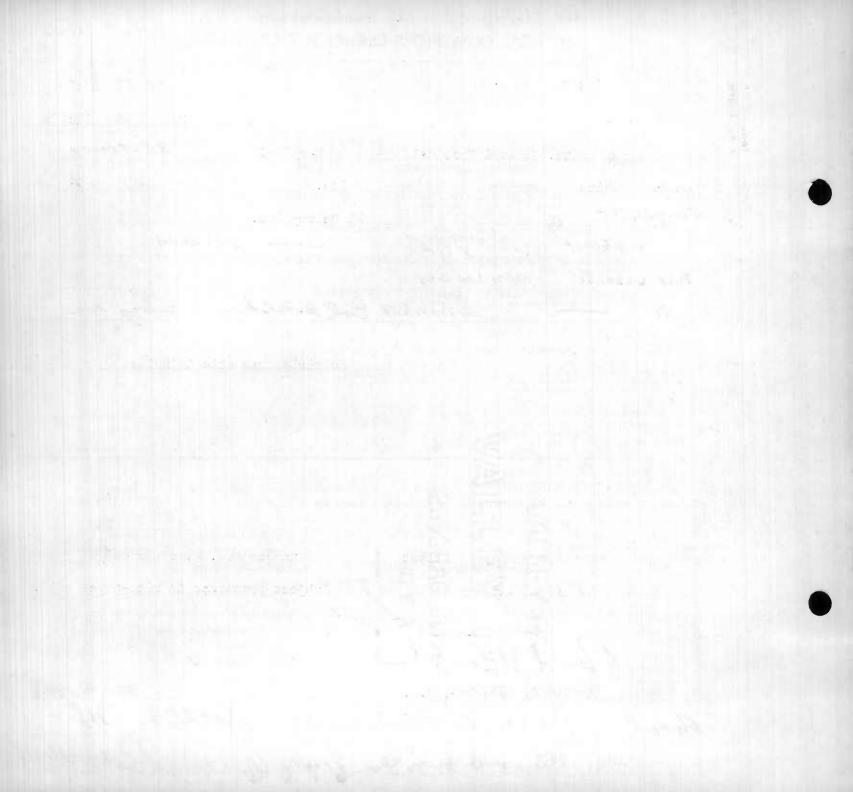
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MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

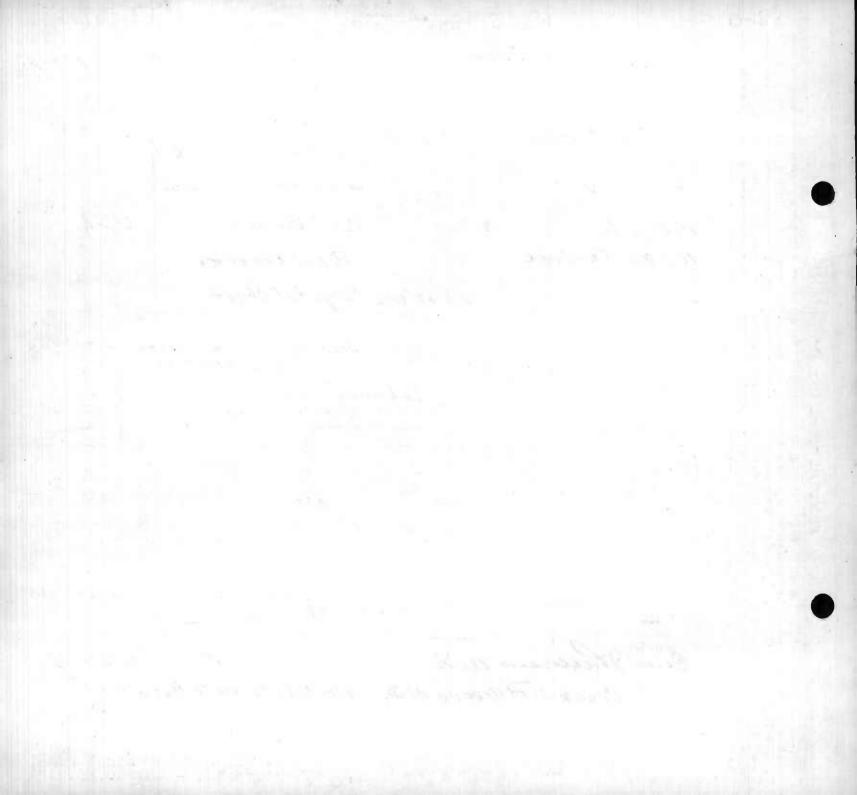
MEDICA	AL EXAMINER'S	CERTIFICATE OF	DEATH REGINO	69 6794
BIRTH NO.			KEO, 140.	
1. NAME OF DECEASED (Type or Print)		2. DATE Known 🔀	Month Doy	Yeor Hour
OSCAR KIN		DEATH Estimoted		М.
4. PLACE IN BALTIMORE, MARYLAND, WHER		3. DATE	Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	INSTITUTION, GIVE STREET	PRONOUNCED DEAD	June 30.	1969 11:30р м.
		5. USUAL RESIDENCE (Where A. STATE	B. COUNTY	residence before odmission)
821 N. Eutaw St.	Rm. 22 D.O.A.	Maryland		2201
6. SEX 7. RACE B. M	ARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
	DOWED DIVORCED	Balto.	YE	s X NO
9. DATE OF BIRTH 10. AGE (In year	Months, Doys, Hours, Min.	E. STREET AND NUMBER		
Sept.26, 1913   lost birthdoy) 50- 55		821 N. Eutaw	ST.	
11. BIRTHPLACE (Stote or loreign country)	12. CITIZEN OF	13. FATHER'S NAME		
Baltimore	WHAT COUNTRY?	Arthur Ki	ng	
14A.USUAL OCCUPATION (Give kind of work 14B. K	(IND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NA	WE	
done during most of working life, even if retired)	Marria Callera	Daisy A.	King Page	
	. Mary's College			DDRESS
16. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no or unknown) (II yes, give wor or dotes of ser	rvice) 17. SOCIAL SECURITY NO.	Daisy A. King.	4729 Belwood	
Yes ?	CAUSE OF DEA			APPROXIMATE INTERVAL
11412141	CAUSE OF DEA	in .		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Arteri	osclerotic cardi	ovascular dise	ase
LEADING TO DEATH	(A)IMMEDIATE C	CAUSE		
(This does not mean the made of dying, e	DUE TO, OR	AS A CONSEQUENCE OF:		
heart failure, osthenia, etc. It means the disectinjury or complication which coused death.)	ose,			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, IF ANY, GIV		AS A CONSEQUENCE OF:		
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
Z	(c)			
Ĕ II				
OTHER SIGNIFICANT CONDITIONS CONTR				
DISEASE OR CONDITION GIVEN IN PART 1				
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE TO DISEASE OR CONDITION GIVEN IN PART 1  20A. DATE OF OPERATION 20B. CONDITI	ON FOR WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No)
0				No
₹ 22A. EXTERNAL CAUSE WAS	228 PLACE OF INJURY	in or obout 22C. WHERE DID	(If in Boltimore City give exp	NO No
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home, form, foctory, street, office	e bldg., etc.) INJURY OCCUR?	(III III DOMINIOTO OTTY) give and	
	(Hour) 22E. NJURY OCCURRED	22F. HOW DID IN	JURY OCCUR?	
OF INJURY		WHILE		
(APPROX.)		VORK		
23.				
I certify that I held an Inqui			his basis, death in my	
resulted fram: Natural causes	XX Accident Suicio	de Homicide	Undetermined manner	
	1 ( )	eputy CHIEF MEDICAL I	EXAMINER XX	
ACTUAL ////////////////////////////////////	- South	ASSISTANT MEDICAL		DATE SIGNED
SIGNATURE // W	M.E	).		
EXAMINER'S VV	1	ASSOCIATE MEDICAL		1 1000
NAME (Type) Werner U. S		eputy Chief Medic		1, 1969
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE	24C. NAME of CEMETERY	or CREMATORY 24D.	LOCATION (City, town	, or county) (State)
Burial July 3,6	9 Loudon Park C	emetery	Baltimore, Md.	
	B. NAME OF REGISTRAR	25C. FUNERAL DIRECT		DDRESS
((( ~ 1060 )	Bus E. Jauber M.D.	G. Truman Sch	rab, 5151 Balto	.Natl.Pike, Balt
VS 151-REV. 1/1/6B		1 6 7 0 5	Ma	ryland, 21229
				V

CIPI . 35. mail Arthur Man Datey A. Ming Page St. Hary's College fairy a fair, 472 belood breez, leite.

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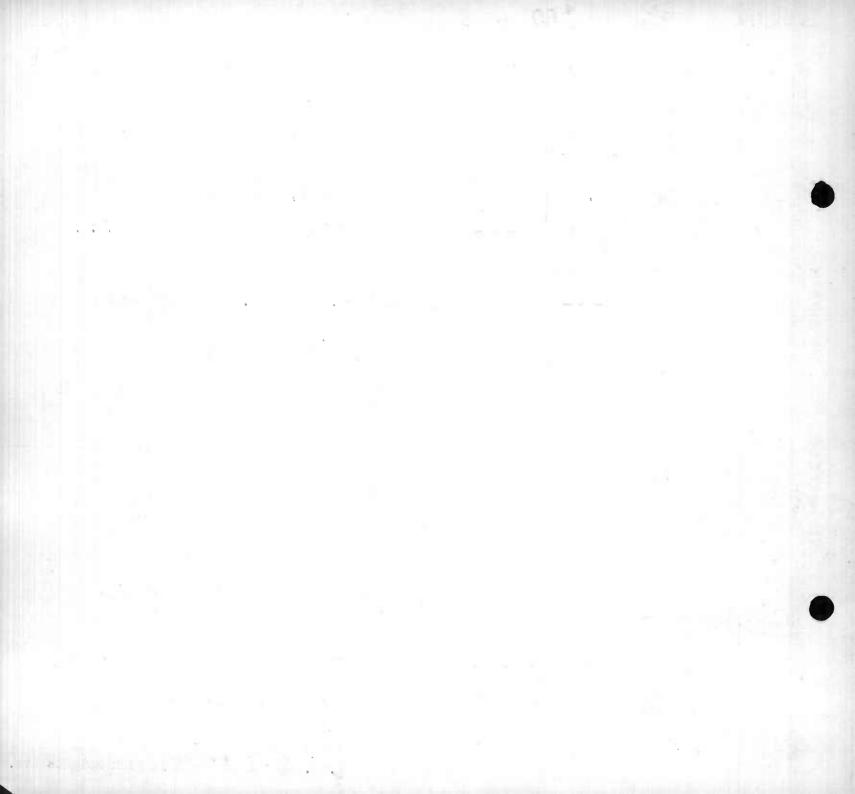
	MEDICAL EXAMINER'S			DEAT	H REG. NO.	69	6795
BIE	RTH NO.				KEG. 140.2		
	NAME OF DECEASED  LAVINIA FALAHEE	2. DATE OF	Known Estimated	Month 6	Day 29	Year 69	11:20 p M
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE		Manth	Doy	Year	Hour
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION) INSTITUTION		UNCED DEAD	June		1969	11:20p N
	12	A. STATE	ESIDENCE (Where	deceased li	B. COUNTY .		
	South Balto. General Hospital		Maryland			1511	
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
	Female White WIDOWED DIVORCED	Balto			YE	s	NO 🔀
	DATE OF BIRTH  10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Doys, Haurs, Min.	E. STREET	AND NUMBER				
	JULY 30, 1906 lost birthdoy) Months, Doys, Hours, Min.	31 D	elrey Ave.				
71.	BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME	01			
	VIRGINIA US.A.		-		EMAN		
	.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY eduring most of working life, even if retired)	15. MOTHE	R'S MAIDEN NA	ME			
	DRY CLEANER KIRMO LAUNDRY						
	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL s, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	18. INFORM	MANT	0		DDRESS	
(, 0	NO - 217-03-0658	Enl	A Salas	hee -	31 1000	real .	ore
	19. CAUSE OF DEA	TH					APPROXIMATE INTERVAL WEEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY						
		AUSE Mu	ltiple tra	numatio	injuri	es	
	heart foilure, asthenio, etc. It means the disease,	AS A CONSEC	UENCE OF:	L SULLED SON SON SON SON SON SON SON SON SON SON			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	injury ar camplication which coused death.)						
	ANTECEDENT CAUSES (B)						
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSE	QUENCE OF:				
-	UNDERLYING CONDITION LAST. (C)						
Ó							
×	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
표	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						a apa-apa-apa ani ana-ani ani ani ani ani ani ani ani ani ani
CERTIFICATION	20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	AS PERFORM	MED			21. AUT	OPSY? (Yes or No)
Ö						Y	ES
3	22A. EXTERNAL CAUSE WAS  UNDERLYING SOR CONTRIB.   22B. PLACE OF INJURY (e.g., home, form, foctory, street, offic	in ar about 2	22C. WHERE DID	(If in Baltimo	re City, give exa	ct lacation)	
MEDIC	UNDERLYING™OR CONTRIB- home, form, foctory, street, office turning □ CAUSE OF DEATH. Street	e blag., etc.)	Patapsco	Ave.	E. of B	rook1	vn 2534
Σ	22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	(3)	22F. HOW DID IN	JURY OCC	UR?		
		WHILE VORK	Subject na	sseng	er in au	to-tr	ruck coll.
п	23.						
			ond that on the	his bosis,	deoth in my	opinion	
	resulted from: Natural couses Accident XX Suicio	de 🗌 H	omicide 🗌	Undetermi	ned manner		
	() 10.1/11		CHIEF MEDICAL I	EXAMINER			DATE SIGNED
	SIGNATURE World Went M.C.	ASSI	STANT MEDICAL	EXAMINER	XX		DATE STOTLED
	EXAMINER'S	ASSC	CIATE MEDICAL E	XAMINER			
_	NAME (Type) Ronald N. Kornblum, M.D.					June	
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY MOVAL (Specify).	or CREMATO	DRY 24D.	LOCATION	(City, tawr	n, or count	(Stote)
	Quil 7-3-69 Citheda	Cem	etery .	Bal	lesser	_, /	MX.
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C.,	FUNERAL DIRECT	OR	A	DORESS	
	JUL7 1969 Jobert E. Jarber M.D	1	a-le 1	has	/	10,7	towally he
-		30-11	1/2/10 - 1 8	WITCH	MILLON	-	



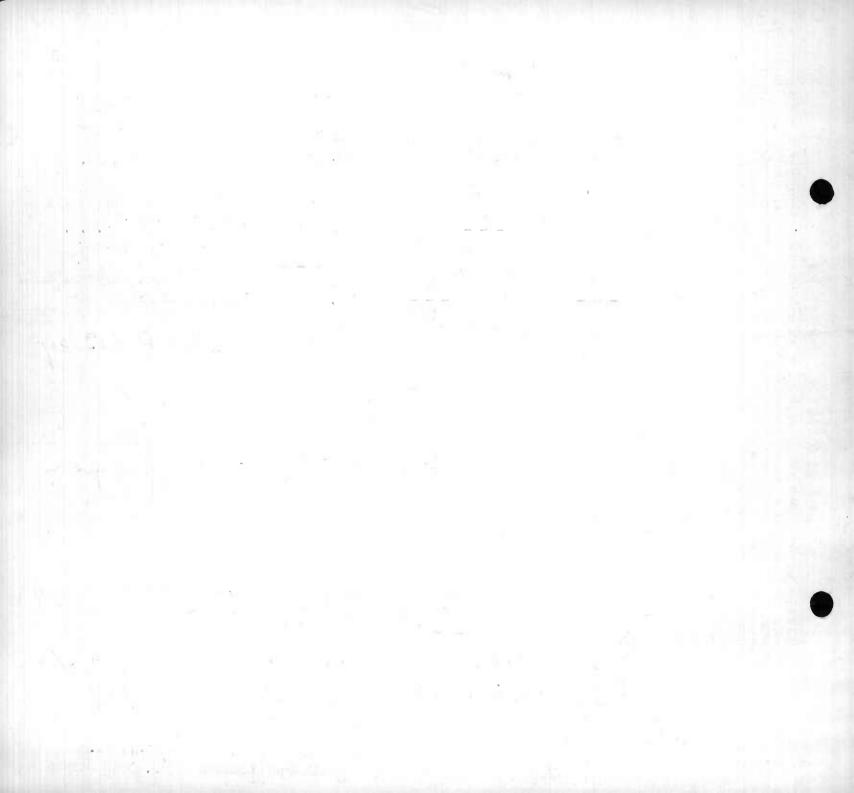




VS 150-REV. 1/1/6B



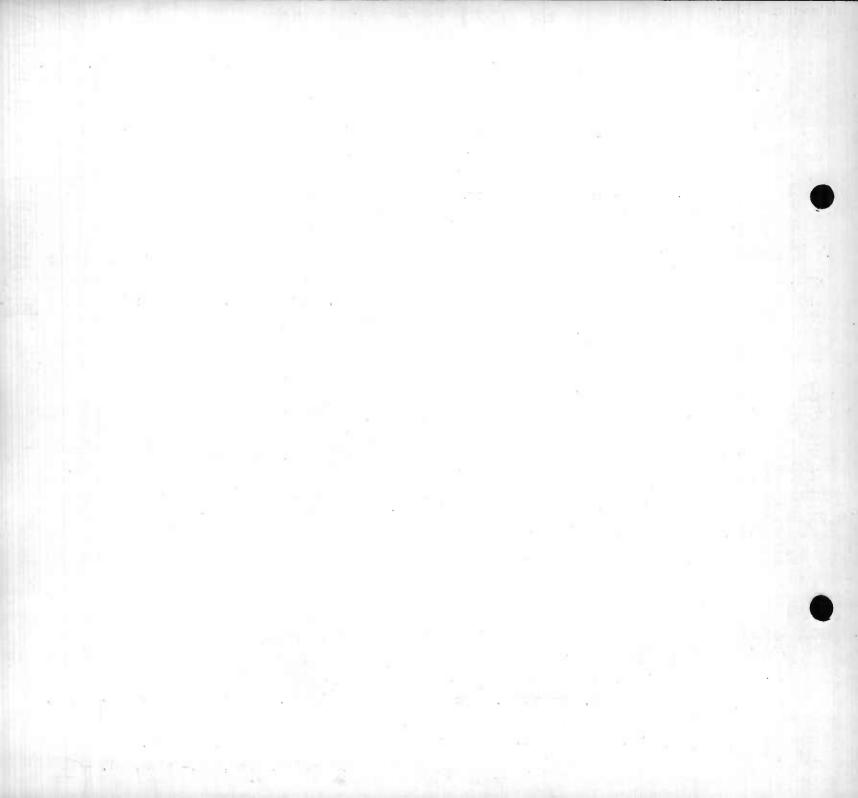
VS 150-REV. 1/1/68



BIRTH NO.	69	GRINI	Y HEALTH DEPARTMENT X REG.	No. 69 6800
1. NAME OF DECEA	MARIE	L. Schopp	July 3	
3. PLACE IN BALTIA		HERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased liv	ved. Il institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	UF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY  MRRY AND Ballo. C. CITY OR TOWN	D. INSIDE CITY LIMITS?
44UNION	MEMORIA	l Hospital	E. STREET AND NUMBER 830 KINGSTO	VES NO D
5, SEX  6,	RACE	7. 44.5 50 50 50 50 50 50 50 50 50 50 50 50 50		
FEMALE	WHITE	7• MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	09-09-01 lost birthdoyl	ors If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
done during most of wor	king life, even if retired)	Housewife	11. BIRTHPLACE (Stote or foreign country)  MRRY RN d	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	is Schuz	RHOLZ	14. MOTHER'S MAIDEN NAME ROSIE VA	HLE
7 Was Deceased Ex Yes, no or unknown) (III	er in U. S. Armed Forci yes, give wor ar date:	s of service) 16. SOCIAL SECURITY NO. 214467923	17. INFORMANT ROSE Tigi	N2//- Same
18. 12 3	.0	CAUSE OF DEAT	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not heart failure, as injury or campli AN DISEASES OR rise to the	ADING TO DEATH meen the mode of thenia, etc. It means cotion which caused TECEDENT CAUSES CONDITIONS, if cobove cause (A) CONDITION last.	the disease, death.)  (B) Meta 5  Due 10, OR As	ACONSEQUENCE OF:  TASIC CARCINEMA OF THE ACONSEQUENCE OF:	Le OVARIER
TO THE DEATH !	ANT CONDITIONS CON BUT NOT RELATED TO TH IDITION GIVEN IN PART	E TERMINAL		**************************************
19A. DATE OF O	WAS PERF	OTHON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYI	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
21A. ACCIDENT OR CONTRIBUTION DEATH Incidity me	WAS UNDERLYING CAUSE OF edicol examined	218, PLACE OF INJURY (e.g., home, form, factory, street, o	n or obout 21 C. WHERE DID III in	Boltimore City, give exact location)
-	Aonth) (Doy) (Yeor)	(Hous) 21E INJURY OCCURRED  While Al  Not While Al Work  Not Work	21F. HOW DID INJURY OCCUR?	
and the second second	at (1) (this hospital) st saw the deceased	7 1 0	Tune 24 1969 ta 1969 ta 1969 and that In(my) (or	ur) apinian death occurred an the date
and have and for 23A. SIGNATURE	00 1/	ed abave. (1) (We) (did) (did not)	riew the bady after death.	July 3, 1969
23C. PHYSICIAN'S NAME (Type	1119061 1111		23D. ADDRESS UNION MEMOR	rial Hospital
24A. BURIAL CREMA REMOVAL (Spe Burlal	7/7/69	24C.NAME of CEMETERY of CR Holy Redeemer Cem		(City, town, or county) (State) Maryland
	JL7 1969	Hoberto E. Jacker M. D.	2sc. FUNERAL DIRECTOR Leonard O. Ruck Inc.	Balto. Md. 21214
S 150-REV. 1/1/68				



BIRTH N				01		REG. NO.	6801
	10.			CERTIFICA	TE OF DEATH	KCO. 140	
NAME Type or	Print)		MACCONT			ID HOUR OF DEATH	
		ROSE	MASON			1, 1969	12.00 p. M.
3. PLAC	E IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COUN	re decoosed livod. If in ITY	nstitution: rosidenco befora odmission)
FULL N	AME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		2714
N STITUT	TION				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
0.		ong Green Nur	-		Baltimore		YES NO
70	) Be	ellona & Melr	ose Ave	S.	303 Overhill	Pond	
. SEX		V PAGE	T-y		8. DATE OF BIRTH	9. AGE (In years	
	-	6. RACE		NEVER MARRIED	May 2,1872.	last birthday 97	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
fema		caucasian	WIDOWED		11. BIRTHPLACE (Slate of fore		No CHAIRM OF WHAT COUNTRY
		warking life, even if retired)	IUB. KIND O	BOSINESS OK INDUSIKI			12. CITIZEN OF WHAT COUNTRY
]	Hous	ewife			Marylar	nd	USA
- FATH	IER'S NA				14. MOTHER'S MAIDEN NA		17 0
		Anton R	ich			Elizab	eth Springer
. Was	Deceased	Ever in U. S. Armed Far	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Nes, no o		(If yes, give war or date	s of service)	215-50-9329	Mrs. Elizabeth	M. Sauchel	li: 303 Overhill Ro
OTHI TO T DISE	EASES OF THE DEATERS OR CO	ANTECEDENT CAUSES  OR CONDITIONS, if e abave cause (A) G CONDITION fast.  FICANT CONDITION S CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 179B. CON WAS PERI	Slating The  NTRIBUTING HE TERMINAL T   (A).  DITION FOR	(c)	A CONSEQUENCE OF:	ol 208. IF YES, WERE	yrs
E		W 773 . EW					USES OF DEATH?
X .					NO		USES OF DEATH?
OR (	CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF	21E har etc.	ne, farm, factory, street, at	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?		re City, give exact location)
21 A. OR ( DEA OF 1	CONTRIBL	JTING CAUSE OF	Hourl 21 E	ne, farm, factory, street, af	21F. HOW DID INJ	(If In Boltimon	USES OF DEATH?
OR ODEA	CONTRIBLATH (notify TIME INJURY PROX.)	medical examiner	Hourl 21 E	ne, farm, factory, street of  INJURY OCCURRED  The At At Work  At Work	e	(If In Boltimon	USES OF DEATH?
21 D. OF II (APP 22.	CONTRIBLE TH (notify  TIME INJURY PROX.)  I certify t (I) (we)	TRING CAUSE OF medical examines)  (Month) (Day) (Yeat)  that (1) (this haspital lost saw the decease	(Hourl 21E Wh Wo ) ottended to ed olive on	INJURY OCCURRED  Sile At Not White At Work  The deceased from	21F. HOW DID INJ	(If In Boltimon	re City, give exact location)
21 A. OR (DEA) 21 D. OF III (APP) 22. Ithat ond	CONTRIBLE TH (notify  TIME INJURY PROX.)  I certify t (I) (we)	That (I) (this haspital last saw the deceased from the causes state	(Hourl 21E Wh Wo ) ottended to ed olive on	INJURY OCCURRED  Sile At Not White At Work  The deceased from	e 4/5/68	(If In Boltimon	re City, give exact location)  2/2/69  19  inlon death occurred on the date
21A. OR (DEA)	CONTRIBLE TH (notify  TIME INJURY PROX.)  I certify t (I) (we)	That (I) (this haspital last saw the deceased from the causes state	(Hourl 21E Wh Wo ) ottended to ed olive on	I) (We) (did) (did not)	21F. HOW DID IN.  21F. HOW DID IN.  9 19 ond the view the body ofter deoth.	(If In Boltimon	re City, give exact location)
21 A. OR (C DEA) 21 D. OF III (APP) 22. Ithat ond 23 A. 23 C.	CONTRIBLE TH (notify  TIME INJURY PROX.)  I certify t (I) (we)	That (I) (this haspital lost saw the decease of from the causes state of the causes state of the causes state of the causes state of the causes state of the causes state of the causes state of the causes state of the causes state of the causes state of the causes state of the causes state of the causes state of the causes state of the causes state of the causes of the cause of th	(Houri 21 E Wi Wo	INJURY OCCURRED  Not Whith At Work  In (We) (did) (did not) was a second of the control of the c	21F. HOW DID INJ e  19 19 ond the view the body ofter deoth.  Med. Director  23D. ADDRESS	(If In Boltimon URY OCCUR?  19to not in (my) (our) opi Shaff Phys.	re City, give exact location)  2/2/69  19  inlon death occurred on the date
21 A. O PEA	CONTRIBLY TH (notify Time INJURY PROX.) I certify (I) (we) haur on SIGNATU	That (I) (this haspital lost saw the deceased from the couses state when the couses stat	(Houri etc.  (Houri 21E Wi Wc. ) ottended to do live on etcd obove. (	I) (We) (did) (did not) v	21F. HOW DID INJ  21F. HOW DID INJ  21F. HOW DID INJ  21F. HOW DID INJ  21F. HOW DID INJ  21F. HOW DID INJ  21F. HOW DID INJ  21F. HOW DID INJ  21F. HOW DID INJ  21F. HOW DID INJ  22F. HOW DID INJ  23D. ADDRESS  100 W. Uni	(If In Boltimon URY OCCUR?  19to not in(my) (our) opi  Shoff Phys.   versity Par	inlon death occurred on the date
OR ODEAN DEAN 21D. 21D. OF II (APP 22. that and 23A. 23C.	CONTRIBLITH (notify TIME NJURY PROX.)  I certify (I) (we) haur one SIGNATU NAME (T	That (1) (this haspitol lost saw the deceosed from the couses storing that (1) (This haspitol lost saw the deceosed from the couses storing the last saw the last saw th	har etc  (Hour) 21E Wi Wa ) offended to do live on ted obove. ( 24C. N	INJURY OCCURRED  Al Work  The deceased from  (We) (did) (did not) v  DEGREE  DEGREE	Inding Med. Director	(If In Boltimon URY OCCUR?  19to not in(my) (our) opi  Shoff Phys.   versity Par	inlon deoth occurred on the dote  238. DATE SIGNED  7/2/69  *kway, Balto, Md.  ity, tawn, or countyl (Stote)



				HEALTH DEPARTMENT		00000
BIRTH NO.	65	68	302 CERTIFICA	TE OF DEATH	REG. NO	69 6802
1. NAME OF DE	CEASED (Ange	la Ç.	Mason	2. DATE A	NO HOUR OF DEATH	
	Freelu	w	10200		7/1/69	6:10 P.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRON	DUNCED DEAD	A. STATE & COU	ere decoosed fived. If in	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Md.		2706
1/	A CONTRACTOR OF THE PROPERTY O	/	1	C. CITY OR TOWN		IDE CITY LIMITS?
70 m	ryland	Genc	vel	Baltimore E. STREET AND NUMBER		YES NO
5. SEX						ilton Avenue
	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
Female	White	WIDOWEL	DIVORCED [	Dec. 25, 1897.	7.1	
OA, USUAL OCC	UPATION (Give kind of work working life, even if retired)	10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTE
	d Organist	C1	nurch	Mary]	and	TTC A
3. FATHER'S NA		0,1	101 011	14. MOTHER'S MAIDEN NA		USA
	Towns	0	1 7 7	THE WOULDER S WANDER IN		
	James A				Margaret	Malloy
S. Was Deceased Les, no or unknown	d Ever in U. S. Armed For	ces? s of servicel	SECURITY NO.	17. INFORMANT		ADDRESS
No				Miss. Margar	et Campbel	ll (Same)
18. 4///	0 0 1		CAUSE OF DEATH		or delibroi	APPROXIMATE INTERVAL
DISEASES (ise to the UNDERLYIN)  OTHER SIGNII TO THE DEA: 10 THE DEA: 11 TO THE DEA: 12 TAL ACCIDE 12 TAL ACCIDE 14 OR CONTRIB	osihenio, etc. il meons mplicolion which coused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION lost.  II FICANT CONDITIONS COI III BUT NOT RELATED TO THE CONDITION GIVEN IN PARE F OPERATION 1978. CON WAS PERF NT WAS UNDERLYING UTING CAUSE OF medicol exomined	deoth.)  pny, giving sloling the slowest the slowest t	(B) DUE TO, OR AS (C) AC (C) WHICH OPERATION  B. PLACE OF INJURY (e.g., in ne, larm, foctory, street, old	CONSEQUENCE OF:  A CONSEQUENCE O	9	808,
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	IURY OCCUR?	
(APPROX)		W	NOT THUS			
22. I certify	that (1) (this hospital)	ottended	the deceased from	7//	1969 to	7// 1969
that (I) (we)	lost sow the decease	d alive on	711	/ / -		nian deoth occurred an the dat
		ed above. (	1) (We) (dld) (dld not) vi	ew the body ofter deoth.		
23A. SIGNATI	JRE - C	92		ding Med.	Shaff D	23B, DATE SIGNED
23C. PHYSICIA	IN'S	-50	DEGREE Phys.	3D. ADDRESS	Phys.	1//6
23C. PHYSICIA NAME (1	Louis	E. Gr	enzer		eneral Hos	pital
4A. BURIAL CRE	MATION, 248, DATE	24C.N	AME OF CEMETERY OF CRE			y, town, or county) (Stote)
Burial	7/5/6		ly Redeemer		Balto	
SA. DATE REC'D		258 NAME	OF REGISTRAR	2SC. FUNERAL DIRECTOR	1	ADDRESS
	JUL7 1969	lover &	Jaber M.D.	Leonard J.	Buck, Inc.	Balto. Md .

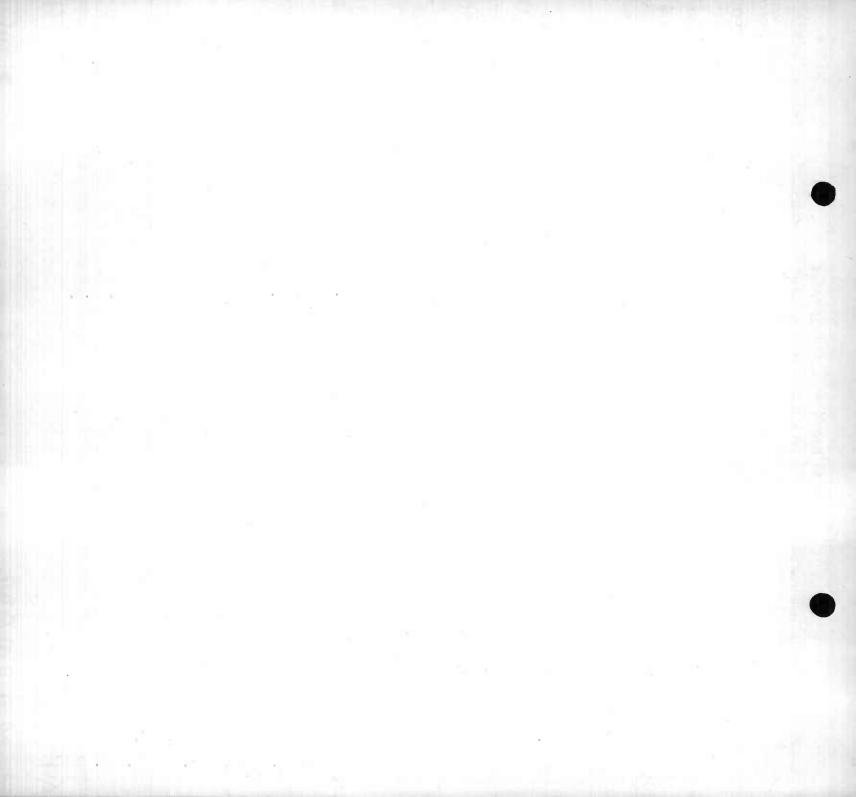


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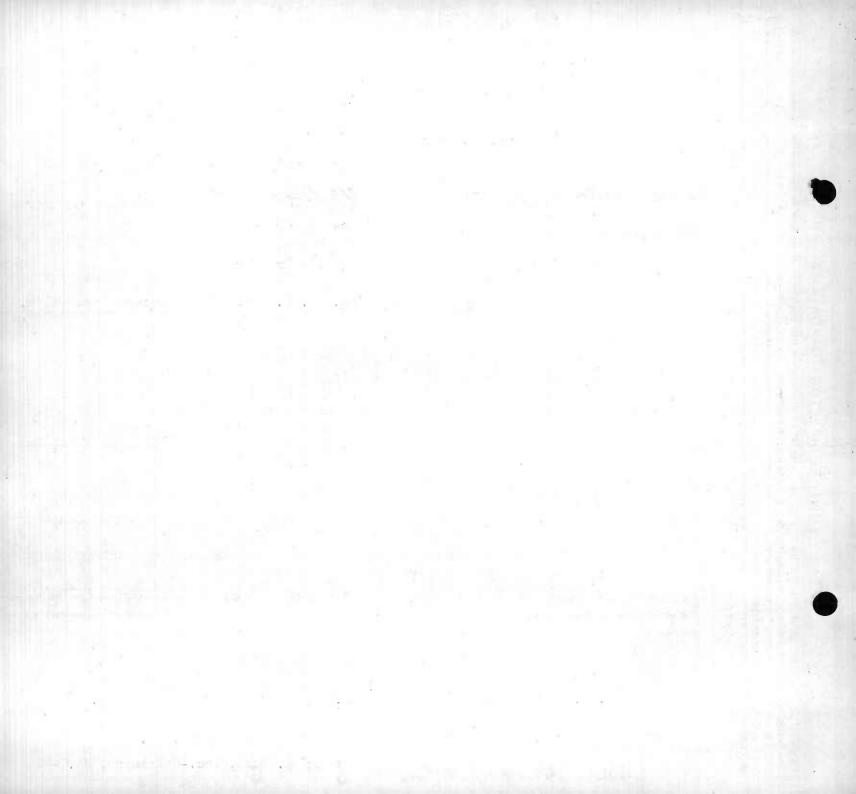
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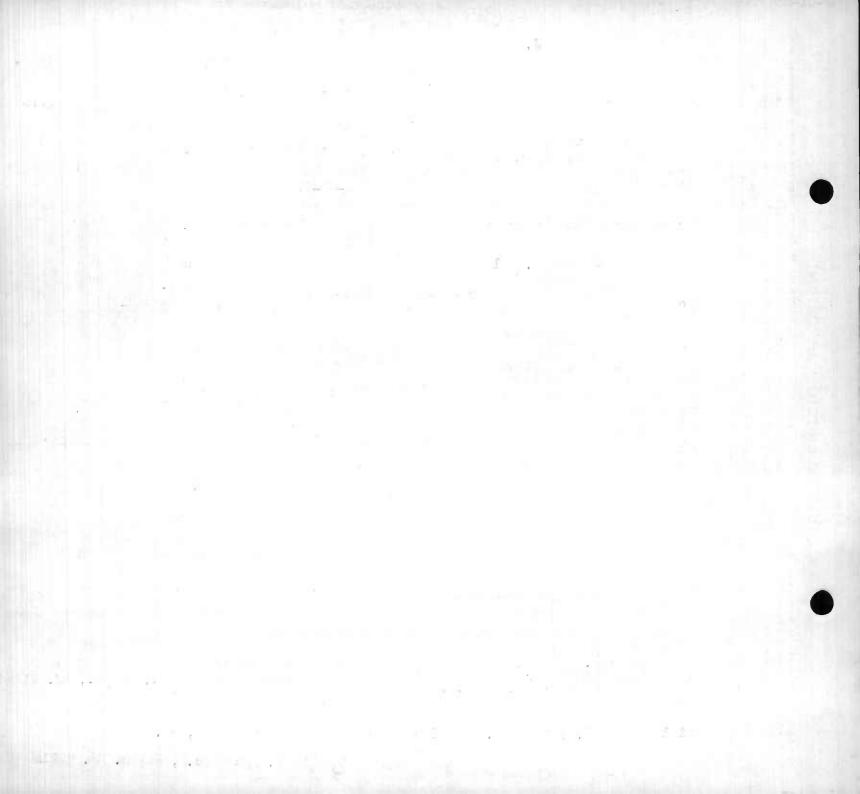
BII	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	03 0000
1, 1	NAME OF DECEASED	111 -40 %	1	ID HOUR OF PEATH	
	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	A Sella XA W	11.10y /	deceased lived. If in	stitution: residence before admission)
3.	PLACE IN BALIMORG MARILAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN		2011
H	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	In tate	DE CITY LIMITS?
IN	STITUTION	11	BALTIMORE		YES NO
1/	MARY LAND GENERAL	HOSP	E. STREET AND NUMBER		. /
T	5		4416 0	Id Frede	rick Rd 21229
5.	SEX 6. RACE 7. MARR	IED NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
L	F W WIDOV		7/7/10	58	
	A. USUAL OCCUPATION (Give kind of work 10B, KIND to during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	xxxxxxx Bookkeeper		Virgini	A	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
	Thomas Wiley		LdA	(ARRO/	
	Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	Mrs. Nida W. Ba	aidev.	Wash. D.C.
	No.	217-05-3022	hosp. Ch	BART	wash. D.O.
	18.	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH (This does not meen the made of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF: C/	TIC CA	MONTY
	heart failure, asthenia, etc. II means the dise	ase,	A CONSEQUENCE OF: 2 // 4	VIK & ODER	
	ANTECEDENT CAUSES		CARRIAGA	-1 Po 1	
	DISEASES OR CONDITIONS, if any, give	ving (8)	CARCILOMA A CONSEQUENCE OF:	of neg	- JAR
	rise to the above couse (A) stoting	the		6	
	UNDERLYING CONDITION last.	(C)	***********************		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
ERT	2) A A COLDENT WAS UNDSPINANCE	212 DI A CE OF INJURY (	The state of the s	75 1 70 10	Charles
7	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	fice bldg., INJURY OCCUR?	(It In Boltimore	e City, give exact location)
100		21E. INJURY OCCURRED	215 HOW DID IN	HAY OCCUP?	
MEDI	OF INJURY	While At Not While	21F. HOW DID INJ	DRY OCCUR:	
	(A PPROX.)	Work At Work			1
	22. 1 certify that (*) (this haspital) attended	/	3/25/	19 6 7 to 7	19.67
	that (\$) (we) last saw the deceased alive	an	196_5 and the	at in(my) (aur) api	nian death accurred an the date
	and haur and from the causes stated above	e. (I) (We) (did) (dimenset)	iew the bady after death.		
	23A. SIGNATURE	TD, AH	ending Med.	Staff e	23B, DATE SIGNED
		DE ORCE	s. Director	Phys.	7/2/67
	NAME (Type)	TI 1	23D. ADDRESS	11	
_	1. T. HARTMON	M. D. DEGREE	Md. Gen.	1/05P-	
	A. BURIAL CREMATION, 24B. DATE 246	C. NAME of CEMETERY OF CR			ty, town, or county) (State)
		foreland Memoria		Baltimore,	
25	JUL7 1969	ME OF REGISTRAR	Leonard R	ck, Inc. Ba	Ito. Md. 21214
	20r ( 1909) 000	La decide	6 / 7 6	1	

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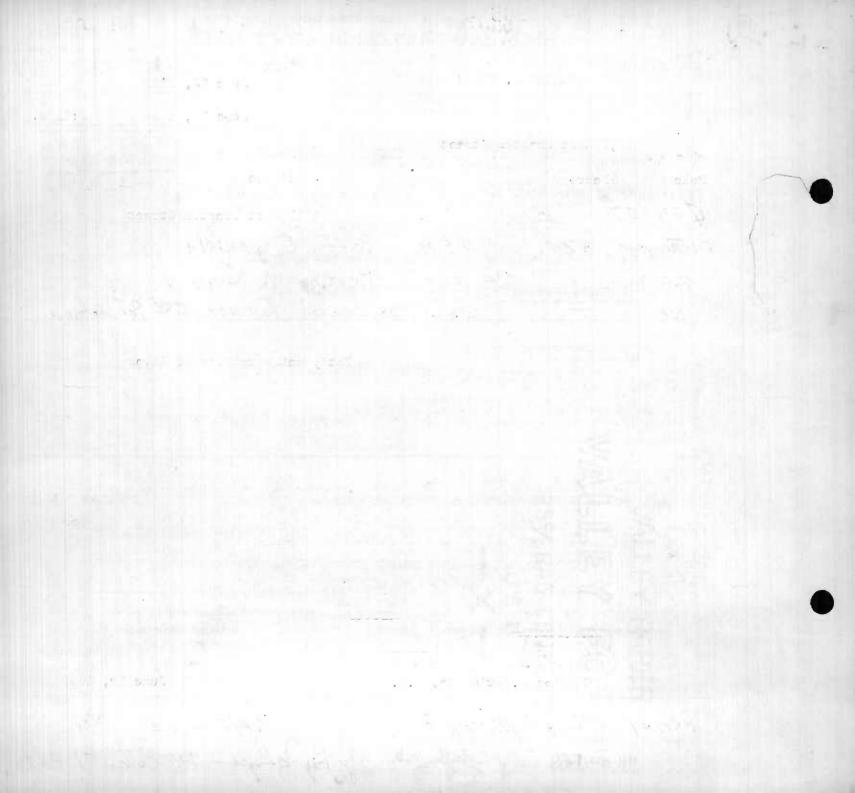


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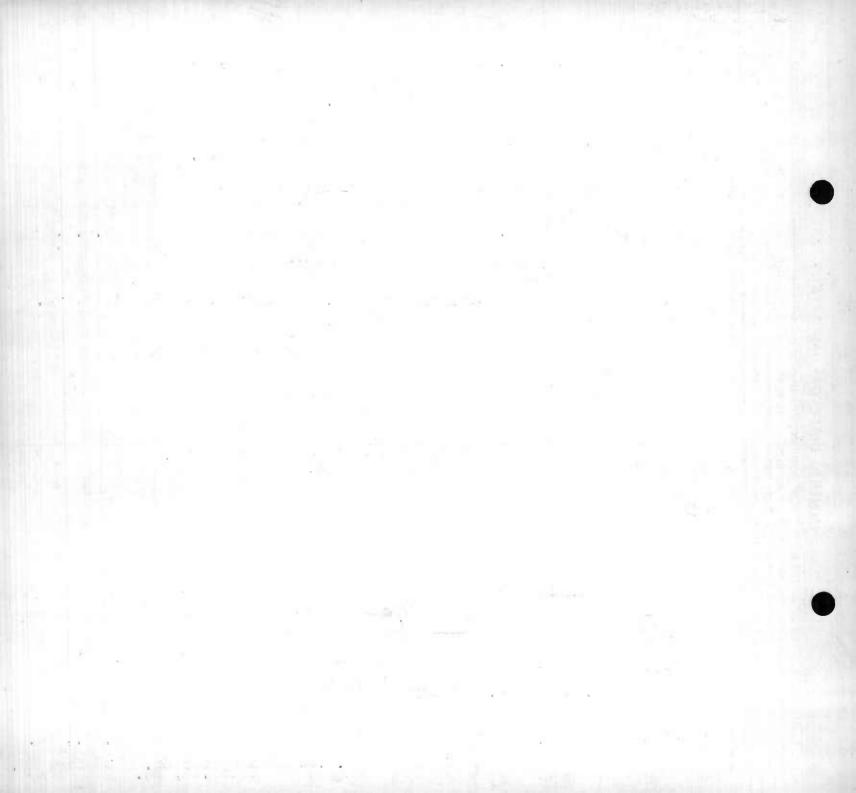
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
111551511			~ .	

PIRTU NO	ME	DICAL	EXAMINER 5	LEKIIFI	CATE OF	DEA	REG. NO		
I. NAME OF DEC	CEASED			2. DATE	Known X	Month	Doy	Yeor	Hour
(Type or Print)		IAM A.	YOUNG	OF	Estimoted	June	28, 196	_	
4. PLACE IN BAL	TIMORE, MARYLAND	WHERE PR	RONOUNCED DEAD	3. DATE	Evillion C.	Month	Doy	Yeor	Hour M.
FULL NAME OF	(IF NOT IN HOSI	PITAL OR INS	TITUTION, GIVE STREET	( )	UNCED DEAD	_			
HOSPITAL OR INSTITUTION	ÀDDRESS OR LO	CATION)		5 LISTIAL E	ESIDENCE (When	June			101.
53	1017 East	Presto	Street	A. STATE	ESIDEIACE (MILE)	e deteosed	B. COUNTY	n, residence	before odmission)
00				C 0171/ 01	Maryland		To incine	10	101
6. SEX	7. RACE	B. MARR	RIED PNEVER MARRIED	C. CITY OF			D. INSIDE C		
Male	Negro	WIDOV			Baltimor	е	Y	ES X	NO L
9. DATE OF BIRT	H 10. AGE	(In years	If Under 1 Yr. If Under 24 Hrs. Months   Doys   Hours   Min.	E. STREET	AND NUMBER				
1/24/		62			1017 Eas	t Pres	ston Str	eet	
11. BIRTHPLACE	State or foreign country	10	12. CITIZEN OF	13. FATHER	'S NAME				
Palteme	w, mer	,	WHAT COUNTRY?	Vero	Y C 1	100	N9		
	JPATION (Give kind of wo		OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME	1		
BALL		" [	Barber	Berz	THA V.	60	INN		
16. WAS DECEAS	ED EVER IN U.S. ARM	ED FORCE	S? 17. SOCIAL	IB. INFOR	MANT		P	DDRESS	n
(Tes, no or unknown	(If yes, give wor or dot	es of service	218-03-1535	Stew	Ard /2	STNO	- 1020	Popla	erleravo
19.	1.00		CAUSE OF DEA	TH	7 7	. ,, ,	•		APPROXIMATE INTERVAL
Dier	/	DECT! V						BEI	WEEN ONSET AND DEATH
DISEAS	SE OR CONDITION DI LEADING TO DEATH	RECITY		Tat	trz motamo	rnhoe	ie of 1i	vor	
(This does r	not mean the mode of	dying, e.g.,	DUE TO, OR	AS A CONSEC	ty metamo	Lphos	IS OI II	AET	
heart failure injury or cor	e, osthenia, etc. It means mplication which coused	the disease, de oth.)							
	NTECEDENT CAUSES OR CONDITIONS, IF A	NY CIVING	(B)	AS A CONSE	QUENCE OF:				
RISE TO TH	E ABOVE CAUSE (A) S	TATING THE	DUE 10, OK	A3 A CO143E	GOEIACE OF.				
Z	NG CONDITION LAS	Ι.	(C)						
OTHER SIGN TO THE DE DISEASE OF	II								1121
TO THE DE	NIFICANT CONDITIONS ATH BUT NOT RELATED								
DISEASE OF	R CONDITION GIVEN IN							Jan 4117	000V0 (V N-)
A DATE O	F OPERATION 208. C	NOIIION	FOR WHICH OPERATION W	AS PERFOR!	VED			21. AUIC	OPSY? (Yes or No)
- 100									Yes
UNDERLYING	NAL CAUSE WAS ON CONTRIB-		22B. PLACE OF INJURY(e.g., home, form, foctory, street, office	in or obout e bldg., etc.)	NJURY OCCUR?	(If In Boltin	iore City, give ex	oct location)	
≥ 22D. TIME		eor) (Hou	r) 22E.INJURY OCCURRED		22F. HOW DID IN	JURY OC	CUR?		
OF INJURY (APPROX.)				WHILE VORK					
23.			m. WORK ATV	YORK L			-		
I cert	tify that I held an	Inquiry [	Inspection Au	itapsy 🗓	and that an	this basis	s, death In my	apinian	
resul	ted fram: Natural c	guses X	Accident Suici	de H	amicide 🗌	Undeter	nined manner		
1	01		0		CHIEF MEDICAL				
ACTUAL	1 1/0 44 4	2.	1	ASS	ISTANT MEDICAL		Town		DATE SIGNED
SIGNAT			M.I.	),	OCIATE MEDICAL			0.0	1000
NAME (	Type)		pringate, M.D.				_ Ju	ne 29,	
24A. BURIAL CRE REMOVAL (Spec			24C. NAME of CEMETERY	ar CREMAT	DRY 24D	LOCATIO	N (City, tow	n, or county	(State)
BUTIA	1 Jul	2 2 ,6	9 Hrbutis		1.5	Alti	MINE	1	79.
25A. DATE REC'D	BY HEALTH DEPT.	258. N	NAME OF REGISTRAR	29C.	FUNERAL DIRECT	OR		ADDRESS	10. 0 Al
	1111 7 1969	00	& E. Farber, M.D.	V	B. U.D.		10NI	6.11	PI R.IN
		110000	D C' 4000000	PI	121 700		17000	MIKELA	UII. PAVIV
LOA. DATE REG D	17.0	A .		17	B. C.U		IONI	CA	PIR.M
VS 151-REV. 1/1/6	****	ywood	, , , , , , , , , , , , , , , , , , , ,	7	The state of	- The state of the	17000	way	ul , Pacry

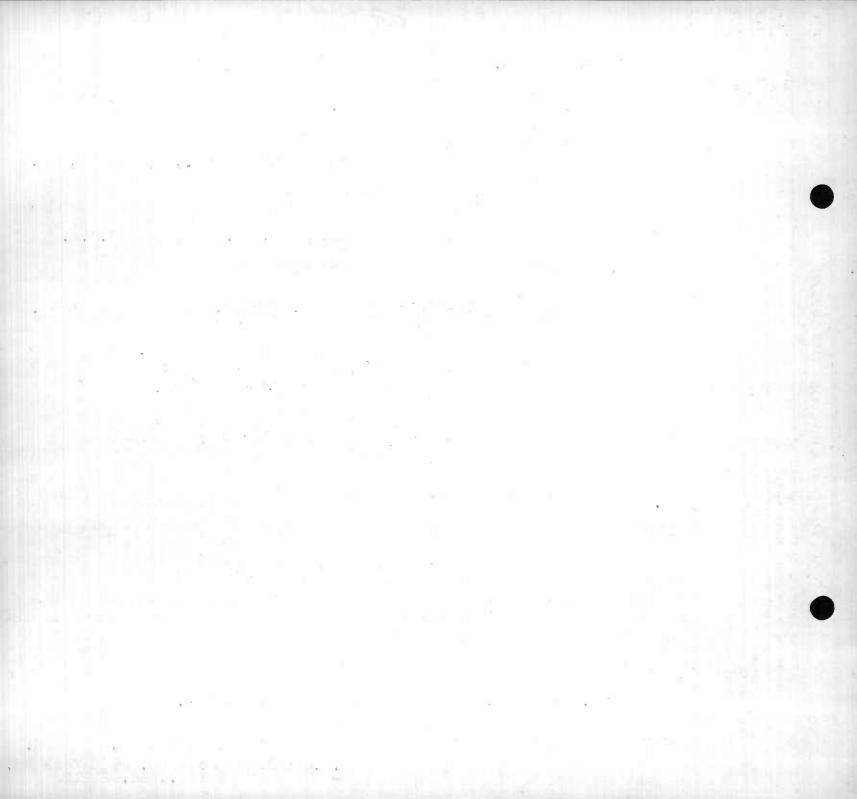


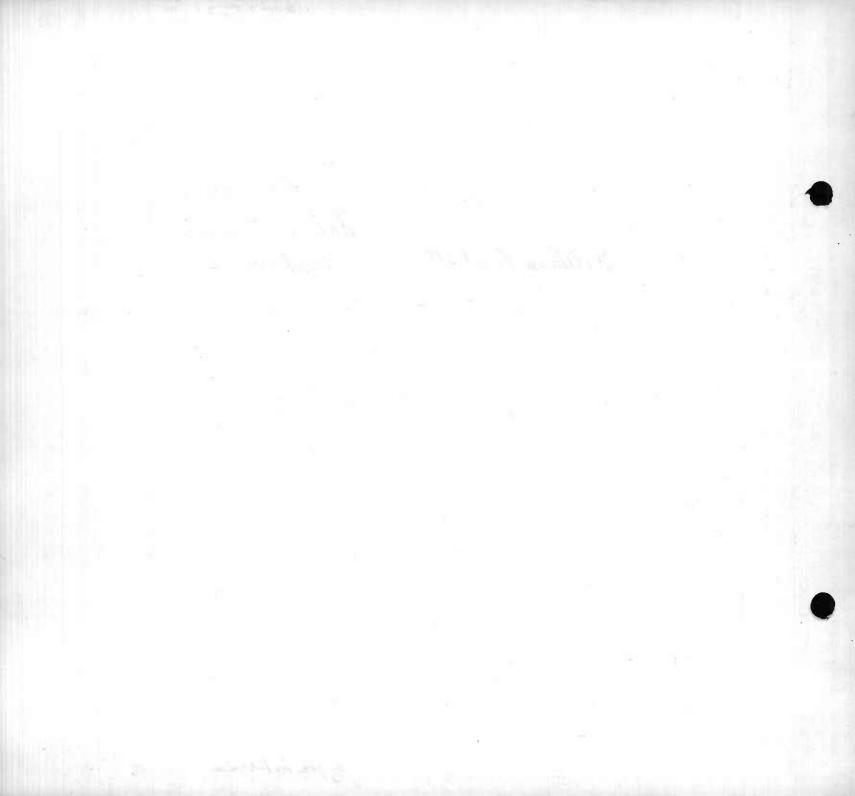
	BALTIMORE CIT	TY HEALTH DEPARTMENT 69 6800
la.	DH DAIL	ATE OF DEATH REG. NO.
1	NAME OF DECEASED PELL BAKER	2. DATE AND HOUR OF DEATH
IL	DALL TREIDE	7-3-69 9:45 A M
1,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  A. STATE  B. COUNTY
F	JLL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	ma 27/1
"	ISTITUTION	BALTIMORE D. INSIDE CITY LIMITS?
-	Mho Tohne Northine Mondill	E. STREET AND NUMBER
-	The Johns Hopkins Hospital	#201 ST. PAUL STRFFT
5.	6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Days Hours; Min.
+1	A. USUAL OCCUPATIC N (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	3/19/1883
	ne during most of working life, even if retired)	12 CHIZEN OF WHAT COUNTRY
12	HOMEMAKER OWN HOME	BUCKEYSTOWN, Md. 4.S.A.
		14. MOTHER'S MAIDEN NAME
15	Was Deceased Ever in U. S. Armed Forces? [16. SOCIAL	LILLIE BROTT
(Y	SECURITY NO.	17. INFORMANT ADDRESS
_	170   216-46-200t	
	T / OF T	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	RDIAL INFARCTION, anterolateral 7 hours
		A CONSEQUENCE OF:
	injury ar camplication which caused death.)	
	ANTECEDENT CAUSES	
	rise to the above cause (A) stating the	S A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ER		100
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING 21B. PLACE OF INJURY league of DEATH (notify medical examined)  21B. PLACE OF INJURY league of home, form, foctory, street of etc.]	in or about 21 C. WHERE DID  Iffice bldg. INJURY OCCUR?  (If In Boltimore City, give exact location)
EDICAL	21D. TIME [Month] [Day) [Year] [Hour) 21E, INJURY OCCURRED	
×	OF INJURY  IAPPROX.)  While At   No! While Work   At Work   No! While Work   No! Work   No! While Work   No! Work   No! Work   No! While Work   No! Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (1) (this hospital) attended the deceased from that (1) (yet) last saw the deceased alive an Sulfu 3	1969 to July 3 1969
		19 and that in (my) (pur) apinion death accurred on the date
	and haur and fram the causes stated above. (1) (We) (dld) (dtd 1161) v	riew the bady after death.
		anding Med. Staff or O. O. S. (A)
	23C. PHYSICIAN'S DEGREE Phys	23D. ADDRESS
	W. Leigh Thompson, M.D.	The Johns MMNXKKK Hopkins Hospital
4.	BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CRE	
	Burial 7/5/69 Loudon Park	
25	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
	111 7 1969 Rober & Falbel M.D.	H.W. Jenkinso & Sons Co. 4905 York Rd. Baltimore, Md. 21212
٧S	150-REV. 1/1/68	



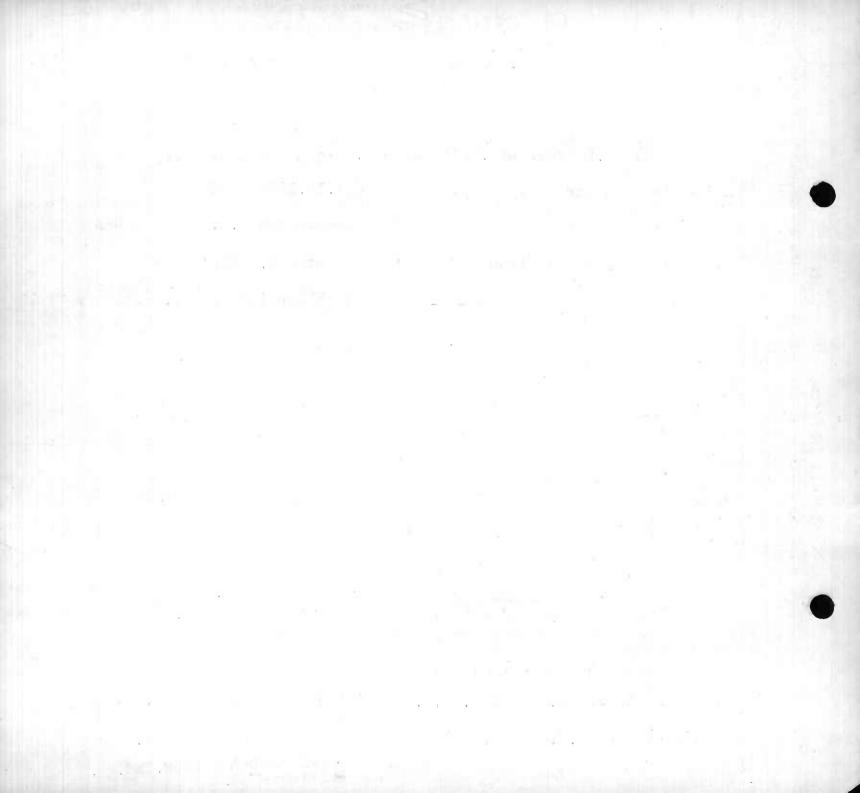


VS 150-REV. 1/1/68

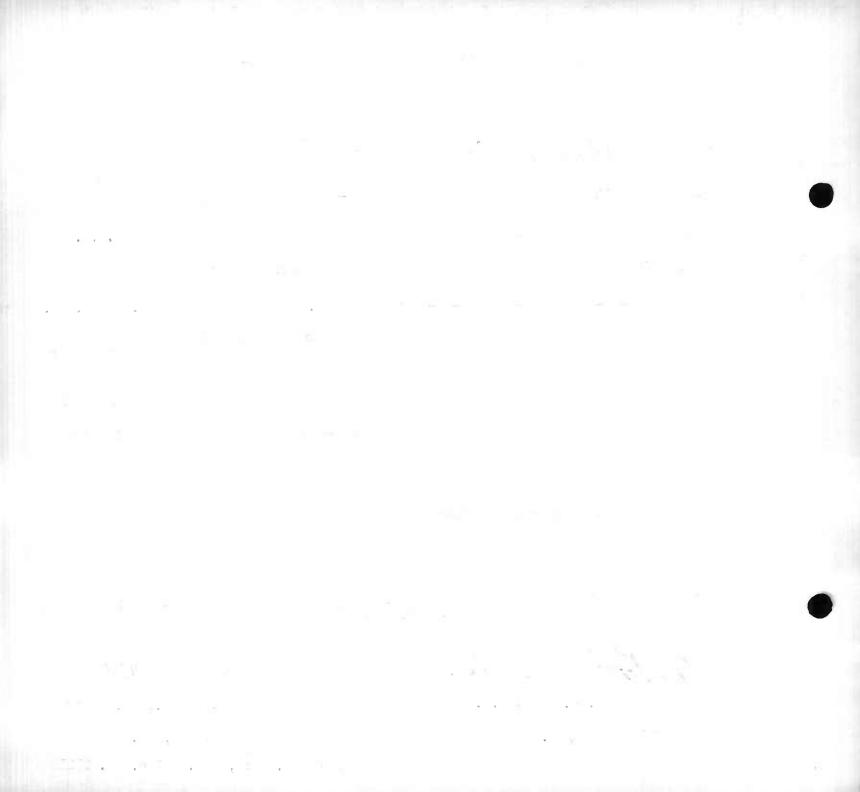




1. NAME OF DE (Type or Print)		MODDOGON		D HOUR OF DEATH	13
3 PLACE IN RA	LEONORA	M. CROGGON  THERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	3,1969	institution: residence before
FULL NAME OF HOSPITAL OR INSTITUTION	f (IF NOT IN HOSPIT ADDRESS OR LOCALONG Green N	AL OR INSTITUTION, GIVE STREET ATION)	Maryland C.CITY OR TOWN Baltimore E. STREET AND NUMBER	21212 D. INS	27/ SIDE CITY LIMITS? YES X NO
5. SEX			7207 1411	ington Wa	
Female	6. RACE White	7. MARRIED X NEVER MARRIED WIDOWED DIVORCED	Oct.10.1890	9. AGE (In years lost higher)	If Under 1 Yr. If Months Doys Hou
	of working life, even if retired)	108, KIND OF BUSINESS OR INDUST	Washington		USA
13. FATHER'S NA	AME		14. MOTHER'S MAIDEN NA	ME	
Willar	d Grove Bol	giano	Martha J.	Shields	
15. Was Decease (Yes, no or unknow NO	ed Ever in U. S. Armed For vn) (If yes, give wor or dote	16. SOCIAL SECURITY NO. 213-50-8069 CAUSE OF DEA	Charles C.C 5203 Purlin	roggon (gton Way.	Hisband) Baltimore
heart failure injury ar co	nat mean the made af p, asihenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) NG CONDITION last.	the disease, death.)  (B)  Out To, OR  DUE TO, OR	AUSE V 4 2 C 0 J 8 J- AS A CONSEQUENCE OF:		
DISEASES rise to t UNDERLYIN  OTHER SIGN TO THE DO	o, aslhenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) NG CONDITION last.  II CONDITION S CONTINUE CONDITION S CONTINUE CONDITION S CONTINUE CONDITION S CONTINUE CONDITION S CONTINUE CONDITION S CONTINUE CONTINU	the disease, death.)  any, giving DUE TO, OR staling the (C)	AS A CONSEQUENCE OF:	)] 20B. IF YES, WERE	FINDINGS CONSIDER
DISEASES rise to t UNDERLYIN  OTHER SIGN TO THE DOR DISEASE OF	a, ashenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) NG CONDITION last.  Il STEIGANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS GIVEN IN PAR	the disease, death.)  any, giving DUE TO, OR staling the (C)	AS A CONSEQUENCE OF:	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERE
DISEASES rise to t UNDERLYIN  OTHER SIGN TO THE DED DISEASE OR 19A. DATE C  21A. ACCID OR CONTRIL DEATH (not)	o, aslhenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) NG CONDITION last.  II CONDITION S CONTINUE CONDITION S CONTINUE CONDITION S CONTINUE CONDITION S CONTINUE CONDITION S CONTINUE CONDITION S CONTINUE CONTINU	the disease, death.)  any, giving DUE TO, OR slating the (C)	AS A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERE AUSES OF DEATH? Ore City, give exact locati
DISEASES rise to t UNDERLYIN  OTHER SIGN TO THE DEL DISEASE OR 19A. DATE C	o, asihenia, etc. It means implication which caused ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) in a cause (A) in	the disease, death.)  (B)	20 A. AUTOPSY? (Yes or No no office bldg., INJURY OCCUR?	(tf in Boltimo	
DISEASES rise to t UNDERLYIN  OTHER SIGN TO THE DEL DISEASE OR 19A. DATE C  21A. ACCID OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif thot (I) (wa	a, ashenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he above cause (A) NG CONDITION last.  II  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	the disease, death.)  any, giving Staling the (C)	20 A. AUTOPSY? (Yes or No no office bldg., INJURY OCCUR?	(If in Boltimo	
DISEASES rise to t UNDERLYIN  OTHER SIGN TO THE DEL DISEASE OR 19A. DATE C  21A. ACCID OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif thot (I) (wa	a, ashenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he above cause (A) NG CONDITION last.  II HERE AND CONDITION IN PARTICIPATION OF CONDITION OF CONDIT	the disease, death.)  any, giving Staling the (C)	20 A. AUTOPSY? (Yes or No no office bldg., INJURY OCCUR?	(If in Boltimo	inion degth occurred
DISEASES rise to t UNDERLYIN  OTHER SIGN TO THE DEL DISEASE OR 19A. DATE C  21A. ACCID OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif that (I) (wa ond haur o  23A. SIGNAT  23C. PHYSICI NAME	a, ashenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he above cause (A) NG CONDITION last.  II STATE OF CONDITION CONDITIONS CONDITION GIVEN IN PART OF OPERATION 198. CONWAS PER ENT WAS UNDERLYING BUTING CAUSE OF (Month) (Doy) (Year)  (Month) (Doy) (Year)  Ty that (I) (this hospital of the couses stort of the couse stort of the couse stort of the couses stort of the couse stort of t	the disease, death.)  any, giving slating the (C)	20A. AUTOPSY? (Yes or No no office bldg., INJURY OCCUR?  21F. HOW DID INJ	(If in Boltimo	inion degrh occurred
NOTHER SIGN TO THE DELATE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certif that (I) (was ond haur of 23A. SIGNAT	ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) NG CONDITION last.  II STREAM TO NO MASS PER CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PER CONDITION (Doy) (Year)  (Month) (Doy) (Year)  Ty that (I) (this heaptto)  (Was per cause (A) (Month) (Doy) (Year)  (Type) WILLIAM H. INTERNATION, 1248, DATE	the disease, death.)  any, giving slaling the   (C)	20A. AUTOPSY? (Yes or No no office bldg., INJURY OCCUR?  21F. HOW DID INJ	ot in (my) (our) op	inion degrh occurred
DISEASES rise to t UNDERLYIN  OTHER SIGN TO THE SIGN TO THE SIGN TO THE OF DISEASE OR  19A. DATE OF TO THE	a, ashenia, etc. It means implication which caused ANTECEDENT CAUSES  OR CONDITIONS, if he abave cause (A) NG CONDITION last.  II DIFFICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PART OF OPERATION 198. CONWAS PER ENT WAS UNDERLYING CAUSE OF (Month) (Doy) (Year)  (Month) (Doy) (Year)  Ty that (I) (this heapttole) (Month) (Doy) (Year)  Ty that (I) (this heapttole) (Type) WILLIAM H. INTERPLED (Specily)	the disease, death.)  any, giving slating the (C)	20A. AUTOPSY? (Yes or No no no obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJ  White 19 and the obout 21C. Where DID injury occur?  21F. HOW DID INJ  White 19 and the obout 21C. Where DID injury occur?  21F. HOW DID INJ  White 19 and the obout 21C. Where DID injury occur?  21F. HOW DID INJ  White 19 and the obout 21C. Where DID injury occurs?  21F. HOW DID INJ  White 19 and the obout 21C. Where DID injury occurs?  21F. HOW DID INJ  White 19 and the obout 21C. Where DID injury occurs of the obout 21C. Where DID injury occurs occurs of the obout 21C. Where DID injury occurs occurs of the obout 21C. Where DID injury occurs occurs occurs of the obout 21C. Where DID injury occurs occurs occurs occurs occurs occurs occur	(If in Boltimo  URY OCCUR?  19 6 9 to 10  of in (my) (auc) op  Shoff Phys.   Raven Blvc  OCATION (C)  altimore	inion degth occurred  238, DATE SIGNED  July 5  d.



	69	6812		Y HEALTH DEPAR		REG. NO	69	6812	
BIRTH NO.  1. NAME OF DEC (Type or Print)		HARRY COR		VIE OF DE	2. DATE AN	ID HOUR OF DEATH	1	4;20	A
3. PLACE IN BAL	(IF NOT IN HOSPIT ADDRESS OR LOCA			A. USUAL RESID	M COUN	e deceased lived. If	Institution:		M.  odmission
2,3	Veterans Admi 3900 Loch Ray Baltimore, Ma	nistratio ven Blvd.	n Hospital	Baltimor E. STREET AND 6019 Old	re NUMBER		SIDE CITY YES T		
5. SEX Male	White	7. MARRIED 3	NEVER MARRIED DIVORCED	8. DATE OF BIRTI	н	9. AGE (in years last birthday)	If Und Months	or 1 Yo If U	nder 24 Hrs. Min.
done during most of the Carpente 13. FATHER'S NAM		Retired		Pennsylv 14. MOTHER'S M	vania		12, CI1	U.S.A.	COUNTRY?
George W		ces?  16.	SOCIAL	Alice We	ertz			ADDRESS	
Yes	8-21-17 to 6		8-07-0131 CAUSE OF DEA	H	3900 I	lecords Joch Raven	Blvd.		INTERVAL
(This does not heart failure, injury or com	E OR CONDITION DIR LEADING TO DEATH of mean the mode of osthenia, etc. It meons olication which coused NTECEDENT CAUSES	dying, e.g.,	Watan	A CONSEQUENCE	OF:	ıs fistula	************	2 mont	hs
OTHER SIGNIFI	CONDITIONS, if obove cause (A) CONDITION lost.	Stoling the	DUE TO, OR A	carcinoma	OF:	colon		20 mont	************
Novembe	WAC DEDE	ORMED  10MA OF CO	lon	n or about 21C, WH	ERE DID	208. IF YES, WERE IN CERTIFYING CA	YE	2	
21D. TIME OF INJURY	TING CAUSE OF medical examined	etc.)	m, lociory, street, e	flice bldg., INJURY	OCCUR?	JRY OCCUR?	re City, giv	e exoct locotion	
that (A (we)	hat (N (this hospital)	Work  attended the de	July 1,	une 23 19 69	ond the	9 69to ot in (35) (our) opi			
23A. SIGNATUR	Ham	od obove. MX(We	DEGREE AND Phy	nding Med		Shaff Phys.		TE SIGNED /1/69	
NAME (Ty 24A. BURIAL CREM REMOVAL (S Buria	W. B. IA		DEGREE of CEMETERY of CR	3900 Loch	24D. LO		ity, tawn, c		(Stote)
25A. DATE REC'D	L7 1969 0	258 NAME OF RE	GISTRAR			Baltimore ack, Inc. B	-	Address Md. 212	<u> </u>



VS 150-REV. 1/1/6B

BALTIMORE CIT	Y HEALTH DEPARTMENT	0040
BIRTH NO. 69 6813 CERTIFICA	ATE OF DEATH REG. NO	69 6813
1, NAME OF DECEASED	2. DATE, AND HOUR OF DEATH	.0
(Type of Print)/12 Seppi	6/30/69	7
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: residence before odmission)
	A. STATE B. COUNTY	0120
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYIAND	26521
NSTITUTION ADDRESS OF COCATION,		SIDE CITY LIMITS?
	BAllimore	YES NO
BOTTON HILL NURSING CENTER	E. STREET AND NUMBER	
Q07101 7 7 7 2 1 3 1 3	5407/ Sawley's Las	<u></u>
SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
1- Whele WIDOWED DIVORCED	8/23/94 753	
DA. USUAL OCCUPATION (Give kind al work 108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY
one during mast of working life, even il retired)	Ar a	
Housewife	Stoly	U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Stephen Lamanna	Unknow	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
9 2 1 1 2 m 2 .		
No b 2132/040712/3	a admission of the	
IB. CAUSE OF DEA	IH.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	11.4	
LEADING TO DEATH	AUSE Cerelin a New Heron	o yes
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES	The land we had	1 News
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	AS A CONSEQUENCE OF:	
rise to the obove couse (A) stoting the	alcte nelletin	
UNDERLYING CONDITION losi, (C)	alress sellin	N/W
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF IDISEASE OR CONDITION GIVEN IN PART 1 (A).		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g.	20 A. AUTOPSY? (Yes ar No.) 20 B. IF YES, WERE	FINDINGS CONSIDERED
OR CONTRIBUTING CALISE OF home form foctory street	, in or about 21C. WHERE DID (If in Baltima affice bldg., INJURY OCCUR?	re City, give exact facation)
I DEATH (notify medical examiner) etc.)	dillo sidge into ki o dec k.	
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY		
(APPROX.)	k 📙 📗	
22. I certify that (I) (this haspital) attended the deceased fram	8/5 1968 10	6/30 1969
that (I) (we) last saw the deceased alive an 6/30	6	Inian death accurred an the dat
		mon decin deconed on the der
and haur and fram the causes stated abave. (1) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE		23B. DATE SIGNED
	Hending Med. Staff Phys.	6/30/69
23C. PHYSICIAN'S	23D. ADDRESS	
NAME (Type)	2 E Pear ST By	of m 212-
Degree	E	1202
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (C	City, town, ar caunty) (State)
Burial 7/3/69 Holy Redeemer Co	emetery Baltimore,	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JUL7 1969 JABELDE Galle Sea	1 Leonard J. Ruck Inc. Ba	al to Md . 2121)
	THE COLUMN OF THE THE PLANTS	ar on a drawa company

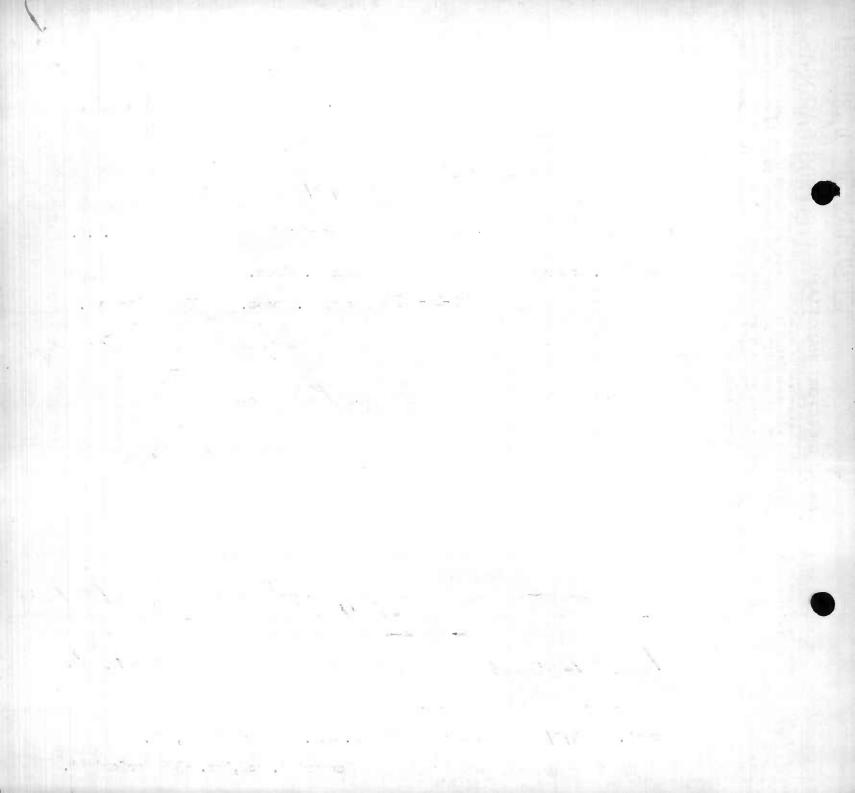
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VS 150-REV. 1/1/6B

BALTIMORE	CITY	HEALTH	DEPARTMENT	
CEDTIEL	CA	TE O	E DEATH	

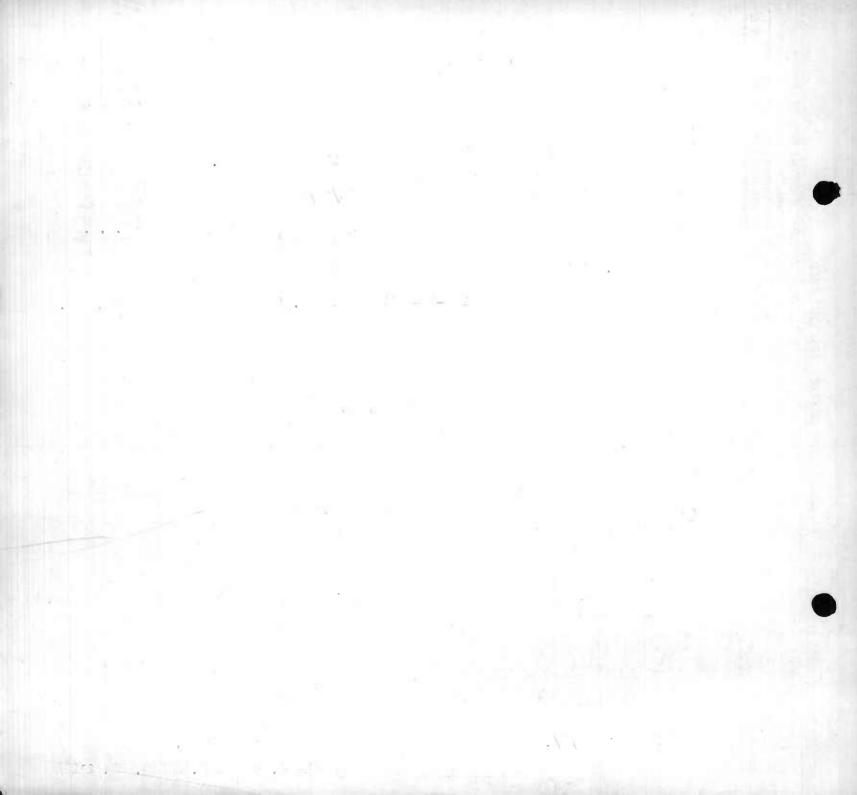
reg. No. 69 6814

BIRTH NO. 1. NAME OF DEC Type or Print)		0014	VARDIT	D	2. DATE AND	HOUR OF DEATH		6 00
	CARRIE		KOEBLE			6/30/	69	67
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	B. COUNT		stitution; r	esidence before admissio
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Md .	WN	D. INS	DE CITY L	IMITS?
NOITUTITZN	GOULD CONV	AT DO ADT	TTM	BALTI			YES	поП
40	GOODD COMAN	HUEOHILL	OM	E. STREET AND	NUMBER			
				3301 1	WHITE /	AVE.		
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	TH 9	ost birthdoy)	If Unde Months	r 1 Yr. If Under 24 H
FEMALE	WHITE	WIDOWED	DIVORCED	10/14/	I886	82		
	UPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITI	ZEN OF WHAT COUNT
Houses		Но	me	Mary	land			U.S.A.
FATHER'S NA		110	1110	14. MOTHER'S		\E		O D en e
	eph F. Bauer Ever in U. S. Armed For	cos?	1 6. SOCIAL	Anna E	Klein.			ADDRESS
	(If yes, give war or date	s of service)	SECURITY NO.					
			169-20-6835A		. Knapp.	3301	White	AVO.
OTHER SIGNII	e obave cause (A) G CONDITION lost,  II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR FOPERATION   1986. CON	NTRIBUTING HE TERMINAL RT 1 (A).	(C)	Di S	SY? (Yes or No)		FINDINGS	CONSIDERED
19A. DATE OF	WAS PER	FORMED				IN CERTIFYING CA	USES OF	DEATH?
OR CONTRIBI	NT WAS UNDERLYING DITING CAUSE OF medicol exominer	21 B. I home etc.)	PLACE OF INJURY (e.g., , form, factory, street,	in or about 21C. W	HERE DID Y OCCUR?	(If In Boltimo	e City, giv	re exoct location)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. H	OM DID INTO	JRY OCCUR?		
(APPROX.)		While	e At Not Whi		, ,			, ,
22 Leastify	that (I) (this hospital			1 ,61	20/	0 65 10	-	130/106
	last sow the decease			27/19	and the	ot in (my) (our) opi	nion dec	th occurred on the d
ond hour on	d from the couses sto	ted above. (I)	(Was) (did) (did and)	view the body	ofter deoth.			
23A. SIGNAL	Ly B	Briller		ending A	Med.	Shaff Phys.	23B. DA	34/19
NAME (1				23D. ADDRESS				
ALB	ERT B. BRAD	LEY	M.D. DEGREE					
4A. BURIAL CRE	MATION, 24B, DATE		ME of CEMETERY OF CI		24D. LC	CATION (C	ity, town,	or county) (State)
Buris	37 7/3/6	9 Mo	reland Park	Mem. Cem	Re	altimore. M	d.	
	BY HEALTH DEPT.	9 Mo	reland Park	-	AL DIRECTOR	altimore, M	d.	ADDRESS



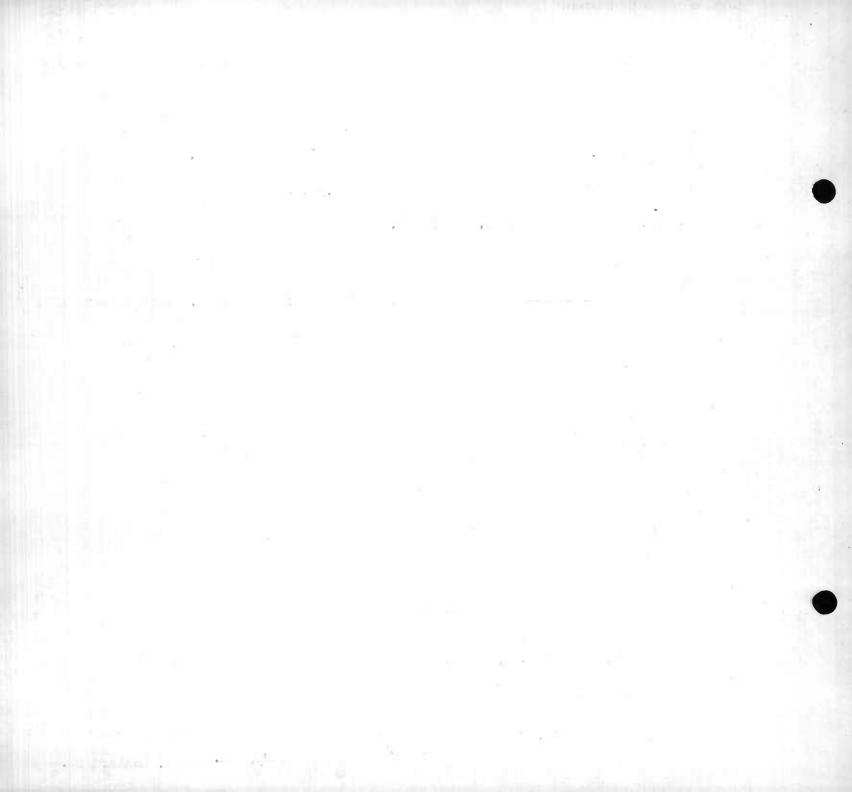
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/6B

	65	9 68	BALTIMORE CITY	TE OF DEATH	REG. NO.	69 6816
BIRTH NO.		90.	CERTIFICA			
1, NAME OF DEC	Adam Senut	2		Ju	and hour of deat	3:55 AM A
3. PLACE IN BA	LTIMORE, MARYLAND, W		UNCED DEAD	A. STATE B. CO	Vhere deceased lived. 18 UNTY	finstitution: residence before admission
HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	OHON, GIVE TIKEET	c. city or town  Baltimore	D. II	VSIDE CITY LIMITS?
00	2116 E. Pratt	Street		E. STREET AND NUMBER		
5. SEX male	6. RACE <b>caucasian</b>	7- MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Mar.17,1889	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	working life, even if retired)	1	Sugar Ref.	11. BIRTHPLACE (Stote or I	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NA	( unknown	)	4	14. MOTHER'S MAIDEN N	( unknown )	
15. Was Decease	d Ever in U. S. Armed Fo	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT	• 4	ADDRESS
No	***		212-09-5974	John Aleksije	w 2118 E. P.	ratt Street 21231
rise la It UNDERLYIN	OR CONDITIONS, if ne obove couse (A) (G CONDITION lost.	stating the		A CONSEQUENCE OF:		
A DISEASE OR	F OPERATION 198, CON WAS PER	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING [ BUTING   CAUSE OF by medicol exominer)	21B	ne, form, foctory, street, o	n or about 21C. WHERE DIC ffice bldg., INJURY OCCUR	(If in Baltir	more City, give exact locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		LINJURY OCCURRED  Thile At At Work	e 🗀	INJURY OCCUR?	1.0 3 60
that (1) (we	y that (1) (this hospita ) lost sow the deceas	ed olive on	July 3	/		pointon deoth occurred on the dot
23A. SIGNAT	Lug Erm	ault	My DEGREE Phy	ending Med. Director 23D. ADDRESS	Shaff Phys.	23B. DATE SIGNED
NAME (	Henry Armana	3	MD DEGREE	1934 Wilkens	Avenue	
24A. BURIAL CR REMOVAL burial			AME of CEMETERY OF CR	tery	Baltimore,	
25A. DATE REC'I	D BY HEALTH DEP 1965	25B. NAME	OF REGISTRAL M.D.	Dippal Bro	s Inc-1800	E. Lombard St.



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

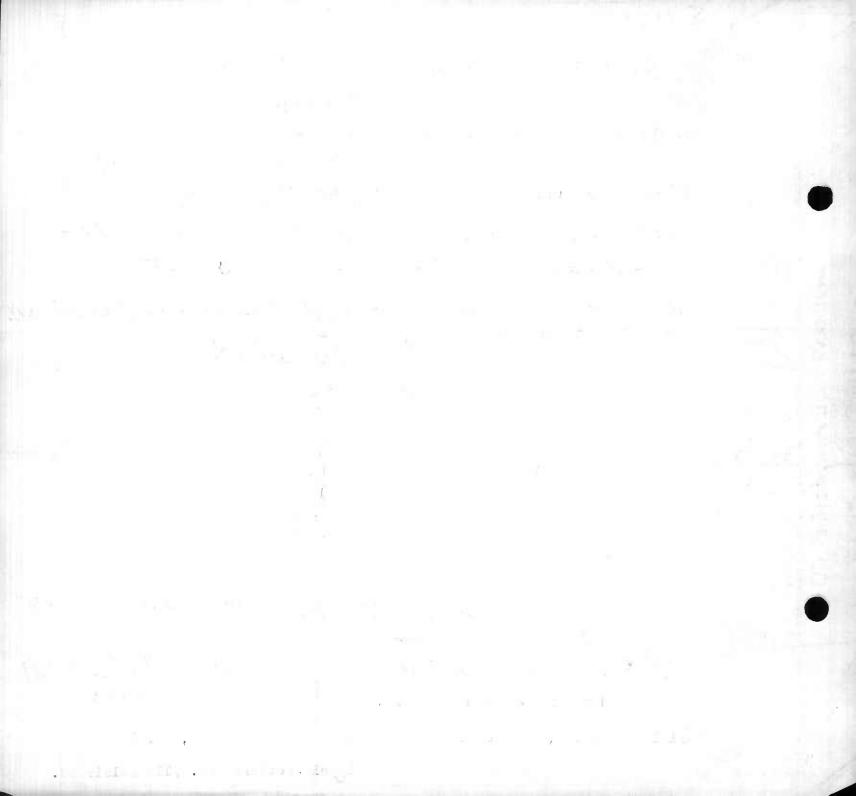
5-552

VS 151-REV. 1/1/6B

BIRTH NO.	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH REG. NO	
I. NAME OF DECEASED			2. DATE Known	☐ Month Doy	Yeor Hour
(Type or Print) JOHN	SIMONSON (or	Simmonsson	OF DEATH Estimal	ed 🗆 June 29,19	969 2:25 P. M
4. PLACE IN BALTIMORI	E, MARYLAND, WHERE P	RONOUNCED DEAD	3. DATE	Month Doy	Year Hour
FULL NAME OF (I HOSPITAL A OR INSTITUTION	IF NOT IN HOSPITAL OR INS ADDRESS OR LOCATION)	STITUTION, GIVE STREET	PRONOUNCED DE	June 29,1969	741
006 N. Bros			A. STATE Maryla	B. COUNTY	301
6. SEX 7. RAC	MAKI	RIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE C	CITY LIMITS?
	hite	WED DIVORCED M	Baltimore	- V	YES 🔼 NO 🗌
9. DATE OF BIRTH  unknown	lost birthdoy) 70	If Under 1 Yr. If Under 24 Hrs. Months   Doys   Hours   Min.	6 N. Broad		
Sweden	foreign country)	12. CITIZEN OF WHAT DUNTRY?	13. FATHER'S NAME unkno		
	life, even if retired)	DOF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDE		
	R IN U.S. ARMED FORCE	S? 17. SOCIAL	18. INFORMANT	-	ADDRESS
no or unknown) (if yes,	give war or dates of service	17. SOCIAL SECURITY NO 128-14-0272	Adam C. Ma	ckowski 1725 E. I	Lombard St
19. 4/126	1	CAUSE OF DEA	тн		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR C	ONDITION DIRECTLY	Arterios	clerotic car	diovascular dise	
	NG TO DEATH	(A)IMMEDIATE C			
(This does not mean	n the mode of dying, e.g., io, etc. It means the disease,		AS A CONSEQUENCE OF		
	on which coused death.)				
ANTECED	DENT CAUSES	/n\			
	NDITIONS, IF ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE C	F:	
I UNDERLYING CO	NDITION LAST.				
<u>Z</u>		(C)			
OTHER SIGNIFICAN TO THE DEATH BU DISEASE OR COND 20A. DATE OF OPERA	II IT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT	T NOT RELATED TO THE TERM	MINAL			
20A. DATE OF OPERA		FOR WHICH OPERATION WA	AS PERFORMED		21. AUTOPSY? (Yes or No)
Ö					no
ZZA. EXTERNAL CA	AUSE WAS	228. PLACE OF INJURY(e.g.,	in or obout 22C. WHER	E DID (if in Boltimore City, give ex	
UNDERLYING OR UTING CAUSE OF		home, form, foctory, street, office			
≥ 22D. TIME (Month)		22E.INJURY OCCURRED	22F. HOW	DID INJURY OCCUR?	
OF INJURY (APPROX.)		m. WHILE AT NOT AT W	WHILE		
23.		III. WORK AT W	ORK 🔲		
1 certify the	of I held on Inquiry	Inspection K Au	topsy ond the	ot on this basis, deoth in my	y opinion
resulted fro	m: Natural causes 🗵	Accident Suicid	le Homicide	Undetermined manner	
	7 1 1	1/11	CHIEF ME	DICAL EXAMINER	DATE SIGNED
ACTUAL	leved 11	Vall_ us	ASSISTANT ME	DICAL EXAMINER	DATE SIGNED
SIGNATUREEXAMINER'S	100 at		ASSOCIATE ME	DICAL EXAMINER	6/30/69
	Ronald N. Korn	blum,M.D.			
24A. BURIAL CREMATION REMOVAL (Specify)		24C. NAME of CEMETERY	or CREMATORY		vn, or county) (State)
cremation	July 7. 69	Greenmount Ce	emeterv	Baltimore, Ma	ryland
25A. DATE REC'D BY HEA		NAME OF REGISTRAR	25C. FUNERAL	DIRECTOR	ADDRESS
	111 - 1000 0	20070		Bro's Inc. 1800 H	Lombard St.

the institute of the Community of the boats and the column 

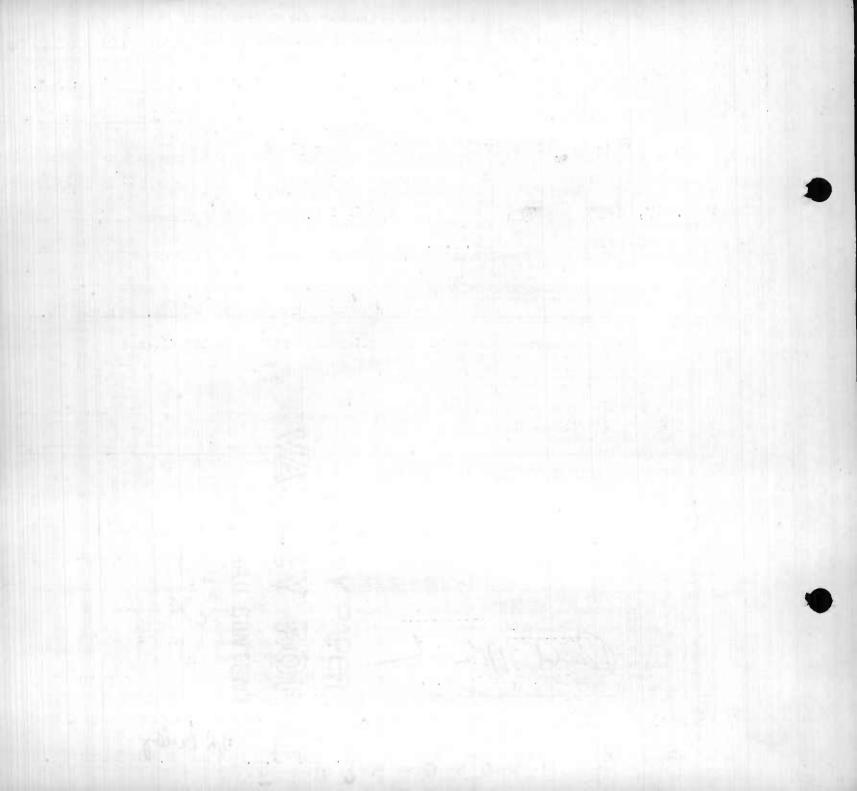
a test in much included fraction



LAEDICAL EVALUEDIO CERTIFICATE OF DELETA
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO 69 682
BIRTH NO.
1. NAME OF DECEASED (Type or Print)  2. DATE Known X Month Day Year Hour
WILLE STEPHENSON   Prague Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)  OR INSTITUTION  ADDRESS OR LOCATION)  SUBJECT OF THE PERIOD NEEDS OF THE PE
A STATE (Where deceased lives, it institution; residence belof admission)
Johns Hopkins Hospital D.O.A. Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro widowed □ Divorced □ Balto.
9. DATE OF BIRTH 10. AGE (In years   # Under   Yr.   # Under 24 Hrs.   E. STREET AND NUMBER
10-29-1899   lost birthdoy)   Months Doys Hours Min.
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME
G WHAT COUNTRY?
DEADOARD IVC. ISAK ) IED NOWSON
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME  done during most of yorking life, even if retired)
VETITED GARDENEY ROXANA
16. WAS DECEASED WER IN U.S. ARMED FORCES? 117. SOCIAL 18. INFORMANT. ADDRESS
(Yes, noor unknown) (If es, give wor or dotes of service) SECURITY NO.
19. CAUSE OF DEATH  CAUSE OF DEATH  APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease
LEADING TO DEATH  (A)IMMEDIATE CAUSE
(this does not mean the mode of dying, e.g., DUETO OR AS A CONSTOURNESS OF
heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No)
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
✓ 22A. EXTERNAL CAUSE WAS 1228. PLACE OF INJURY(e.g., in or about 22C. WHERE DID. (If in Rollimore City, plue exact location)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR?
2 22D. TIME (Month) (Doy) (Year) (Hour) 127E INTITIES OCCURRED 127E HOW DID INTITIES OCCURRED
OF INJURY (APPROX.)  WHILE AT NOT WHILE
m. WORK AT WORK
I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion
resulted fram: Natural causes XX Accident Suicide Homicide Undetermined manner
CHIEF MEDICAL EXAMINER
ACTUAL / // DATE SIGNED
ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE SIGNATURE  EXAMINER'S  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER
ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  Werner II. Spitz M.D. Deputy Chief Medical Examiner  24A. BURIAL CREMATION, 124B, DATE  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  24A. Deputy Chief Medical Examiner  7/5/69  24A. BURIAL CREMATION, 124B, DATE  (State)
ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  Werner II. Sp. tz. M.D. Deputy Chief Medical Examiner 7/5/69  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER NAME (Type)  Werner U. Spitz M.D. Deputy Chief Medical Examiner 7/5/69  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)  Burial Ally 1969 Balto, Nat. Cem. 5501 Fred'il Ave
CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER ASSOCIATE A
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER NAME (Type)  Werner U. Spitz M.D. Deputy Chief Medical Examiner 7/5/69  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)  Burial Ally 1969 Balto, Nat. Cem. 5501 Fred'il Ave

2 M. Jone Just PETER SECTION THE WAY THY ENTER HOT COM STOLESHING LUE BurnoL

BIRTH NO.	ACCE ACCED				II. DATE					T.
Type ar Print)	MARY	DDODN	ev /	D	2. DATE OF	Knawn 🗌	Month	Doy	Yeor	Hour
A DIACE IN S		BRODN		Broadenex)	DEATH 3. DATE	Estimoted _		30,1969	V	8:25 A.
FULL NAME OF				ITUTION, GIVE STREET		NCED DEAD	Month	Day	Year	Hour
HOSPITAL	ADDRE	SS OR LOCAT	ION)		C HCHAI DE	CIDENICE (va		30,19 <b>5</b> 9		8:25
P	ROVIDENT	HOSPI	TAL (	DOA)	A. STATE	SIDENCE (Where	e dece osed li	B. COUNTY	13	03
6. SEX	7. RACE		8. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	TY LIMITS?	
Fema le	Ne	gro	WIDOW	ED DIVORCED	□ Balt	imore		YE	s 🔀	NO 🗌
Aug. 17	1897	10. AGE (In	years 7.1	If Under 1 Yr. If Under 24 Hrs Months , Days , Hours , Min	n.	ND NUMBER Kennsett	Avenue	3		
	E(Stote or foreign			2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S		227 622 62			
4A.USUAL OC		e kind af work 1	48. KIND	OF BUSINESS OR INDUST	RY 15. MOTHER	'S MAIDEN NA	ME			
6. WAS DECE	ASED EVER IN	U.S. ARMED	FORCES'	? 17. SOCIAL SECURITY NO.	18. INFORM	ANT		AD	DRESS	
	,(,00,, g	or or dates o	,, ,,,,,,,,	241-62-783	32 Henry	Broade	enex	224 N.	Monr	oe St.
19.	12.4			CAUSE OF DE	ATH				API	PROXIMATE INTERVEEN ONSET AND D
(This dae	ASE OR COND LEADING TO s not mean the ure, asthenio, etc complication whice	DEATH mode of dyla	ng, e.g., diseose,	(A)IMMEDIATE	osclerot E CAUSE R AS A CONSEQU					
(This dae heart fail Injury ar DISEASE RISE TO UNDERL	LEADING TO s not mean the ure, asthenio, etc.	DEATH mode of dylin. It means the ch caused deal  CAUSES ONS, IF ANY, USE (A) STATI	ng, e.g., diseose, th.)	(A)IMMEDIATE DUE TO, OR	CAUSE	JENCE OF:				
CITHER SIZE OF THE REPORT OF T	LEADING TO s not mean the ure, asthenio, etc complication whice ANTECEDENT S OR CONDITION THE ABOVE CAL YING CONDITION	mode of dyli. It means the ch caused deal  CAUSES ONS, IF ANY, USE (A) STATI ON LAST.  II RUBITIONS CO	ng, e.g., diseose, th.) GIVING ING THE	(A)IMMEDIATE DUE TO, OF	E CAUSE R AS A CONSEQU	JENCE OF:				
CITHER SIZE OF THE REPORT OF T	LEADING TO s not mean the ure, asthenio, etc complication whice ANTECEDENT S OR CONDITI THE ABOVE CA YING CONDITI GONIFICANT CON DEATH BUT NOT OR CONDITION	DEATH mode of dyli. It means the th caused deat  CAUSES ONS, IF ANY, USE (A) STATI ON LAST.  II NOTITIONS CO GIVEN IN PA	ng, e.g., diseose, th.) GIVING ING THE ONTRIBUTIHE TERMI	(A)IMMEDIATE DUE TO, OF	E CAUSE R AS A CONSEQU R AS A CONSEQ	JENCE OF:				PSY? (Yes or No
OTHER SI DISEASE  OTHER SI TO THE I DISEASE  20A. DATE	LEADING TO s not mean the ure, asthenio, etc complication whice ANTECEDENT S OR CONDITION THE ABOVE CAN YING CONDITION OF CONDITION OF OPERATION  ERNAL CAUSE NG OR CON	DEATH mode of dyli . It means the . It caused dear CAUSES ONS, IF ANY, USE (A) STATI ON LAST.  II NOTITIONS CO RELATED TO TO GIVEN IN PA N 208. CON WAS TRIB-	ng, e.g., diseose, th.) GIVING ING THE  DITRIBUTI THE TERMI RT 1 (A).	(A)IMMEDIATE DUE TO, OF  (B) DUE TO, OF  (C)	E CAUSE  R AS A CONSEQUE  R AS A CONSEQUE  WAS PERFORMED  Join or obaut 22	JENCE OF:  JUENCE OF:  ED			21. AUTO	PSY? (Yes or No
OLY OTHER SITE OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY (APPROX.)	LEADING TO s not mean the ure, asthenio, etc. complication whice ANTECEDENT ES OR CONDITION THE ABOVE CA- YING CONDITION GNIFICANT COND EATH BUT NOT OR CONDITION OF OPERATION ERNAL CAUSE NG OR CON CAUSE OF DEA (Manth) (D	DEATH mode of dyli . It means the . It caused dear CAUSES ONS, IF ANY, USE (A) STATI ON LAST.  II NOTITIONS CO RELATED TO TO GIVEN IN PA N 208. CON WAS TRIB-	ng, e.g., diseose, th.) GIVING ING THE ONTRIBUT THE TERMI RT 1 (A). IDITION F	(A)IMMEDIATE DUE TO, OF  (B) DUE TO, OF  (C) ING NAL  FOR WHICH OPERATION V  228. PLACE OF INJURY (e.g. affectory, street, affectory, affect	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	JENCE OF:  JUENCE OF:  ED	(If in Boltimo	re City, give exoc	21. AUTO	PSY? (Yes or No
OISEASE RISE TO UNDERL  OTHER SI TO THE I DISEASE 20A. DATE  22A. EXT UNDERLY UNDERLY UNDERLY 22D. TIME OF INJURY (APPROX.) 23.	LEADING TO s not mean the ure, asthenio, etc. complication whice ANTECEDENT S OR CONDITION THE ABOVE CA YING CONDITION GNIFICANT COND EATH BUT NOT OR CONDITION OF OPERATION ERNAL CAUSE NG OR CON CAUSE OF DEA (Manth) (D	DEATH mode of dyli. It means the caused deat caused deat causes ONS, IF ANY, USE (A) STATI ON LAST.  II NOTIONS CO RELATED TO TO GIVEN IN PA V 208. CON WAS TRIB. TH. Oay) (Yeor)	ng, e.g., diseose, th.) GIVING ING THE ONTRIBUTI THE TERMI RT 1 (A). IDITION F	(A)IMMEDIATE DUE TO, OF  (B) DUE TO, OF  (C)  ING NAL  22B. PLACE OF INJURY (e.g. arme, farm, factory, street, aff  (B) 22E. INJURY OCCURRED WHILE AT NOWORK AT  Inspection A	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	ED  CC. WHERE DID  ONLY OCCUR?	(If in Boltimo	re City, give exocu	21. AUTO NO ct locotion)	PSY? (Yes or No
OISEASE RISE TO UNDERL  OTHER SI TO THE I DISEASE 20A. DATE  22A. EXT UNDERLY UNDERLY UNDERLY 22D. TIME OF INJURY (APPROX.) 23.	LEADING TO s not mean the ure, asthenio, etc. complication whice ANTECEDENT IS OR CONDITION THE ABOVE CA YING CONDITION OF OPERATION OF OPERATION CAUSE NG OR CON CAUSE OF DEA	DEATH mode of dyli. It means the caused deat caused deat causes ONS, IF ANY, USE (A) STATI ON LAST.  II NOTIONS CO RELATED TO TO GIVEN IN PA V 208. CON WAS TRIB. TH. Oay) (Yeor)	ng, e.g., diseose, th.) GIVING ING THE ONTRIBUTI THE TERMI RT 1 (A). IDITION F	(A)IMMEDIATE DUE TO, OF  (B) DUE TO, OF  (C)  ING NAL  22B. PLACE OF INJURY (e.g. arme, farm, factory, street, aff  (B) 22E. INJURY OCCURRED WHILE AT NOWORK AT  Inspection A	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	ED  CL WHERE DID  ST. HOW DID IN  ond that an t	(If in Boltimo JURY OCCI	re City, give exoc	21. AUTO NO ct locotion)	PSY? (Yes or N
OF INJURY (APPROX.)  (This doe heart fall Injury ar DISEASE RISE TO UNDERLY OTHER SITO THE DISEASE 20A. DATE 22A. EXTUDERLY UTING DEPORT OF INJURY (APPROX.)  23. I c res	LEADING TO s not mean the ure, asthenio, etc. complication whice ANTECEDENT IS OR CONDITION THE ABOVE CAL YING CONDITION OR CONDITION OF OPERATION CAUSE OF DEA (Manth) (D ertify that I he sulted from: N AL	DEATH mode of dyli. It means the caused deat caused deat causes ONS, IF ANY, USE (A) STATI ON LAST.  II NOTIONS CO RELATED TO TO GIVEN IN PA V 208. CON WAS TRIB. TH. Oay) (Yeor)	ng, e.g., diseose, th.) GIVING ING THE ONTRIBUTI THE TERMI RT 1 (A). IDITION F	(A)IMMEDIATE DUE TO, OF  (B) DUE TO, OF  (C)  ING NAL  22B. PLACE OF INJURY (e.g. arme, farm, factory, street, aff  (B) 22E. INJURY OCCURRED WHILE AT NOWORK AT  Inspection A	WAS PERFORMI  g., in or obaut 22  OI WHILE WORK 22  Autopsy 40  Color While Co	ED  CC. WHERE DID  ONLY OCCUR?	(If in Boltimo JURY OCCI his bosis, UndetermI	death in my oned manner	21. AUTO NO ct locotion)	
OTHER SITO THE DISEASE RISE TO UNDERLY DISEASE RISE TO UNDERLY DISEASE 20A. DATE DISEASE 20A. DATE 22A. EXT UNDERLY UTING 22D. TIME OF INJURY (APPROX.)  23. I c res	LEADING TO s not mean the ure, asthenio, etc. complication whice ANTECEDENT IS OR CONDITION THE ABOVE CA YING CONDITION GNIFICANT CONDITION OF OPERATION CRUSE OF DEA (Manth) (D ertify that I he sulted from: N AL ATURE	DEATH mode of dyli. It means the chaused deat  CAUSES ONS, IF ANY, USE (A) STATI ON LAST.  INDITIONS CO RELATED TO TO GIVEN IN PA  V 20B. CON  WAS TRIB- TH. Ony) (Yeor)	ng, e.g., discose, th.)  GIVING ING THE  DITRIBUTI HE TERMI RT 1 (A). IDITION F	(A)IMMEDIATE DUE TO, OF  (B) DUE TO, OF  (C)  ING NAL  22B. PLACE OF INJURY (e.g. arme, farm, factory, street, aff  (B) 22E. INJURY OCCURRED WHILE AT NOWORK AT  Inspection A	WAS PERFORMI  g., in or obaut 22  DI WHILE WORK 22  ASSIS	ED  C. WHERE DID  JURY OCCUR?  Thicked In  and that an the inicide In  CHIEF MEDICAL I	(If in Boltimo  JURY OCCI  his bosis,  Undetermi  EXAMINER  EXAMINER	death in my oned manner	21. AUTO NO ct locotion)	DATE SIGNED



IMPORTANT

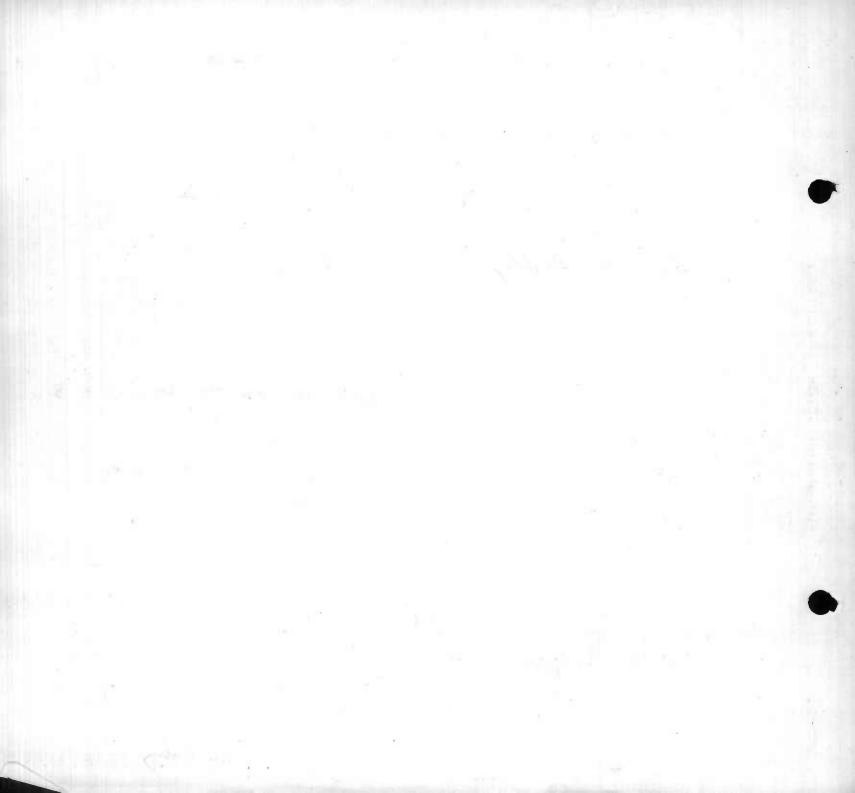
DIRECTOR:

FUNERAL



VS 150-REV, 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be app the body was released to t shows: (1) An accident of a was D.O.A. at a hospital (e deceased prior to death); written approval must be o

	32 69	68.	BALTIMORE CIT	Y HEALTH DEPARTMENT	REG. NO.	69 6824
BIRTH NO.	ECEASED		CERTIFICA			
(Type or Print)		. 0	-LAYTON	4.1.1	D HOUR OF DEATH	30
3. PLACE IN 8	ALTIMORE MARYLAND,	WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If i	institution: residence before admission
FULL NAME (				B. COOK	TY	institution, residence betolo odmission
HOSPITAL OR	ADDRESS OR LO	ITAL OR IN CATION)	STITUTION, GIVE STREET	mb.		1602
Montonon				C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
75				E. STREET AND NUMBER		YES MO
South	BALTIMORC	Gener	AL Hospital	528 N. CA	Reu St.	
5. SEX	6. RACE	7. MARR	IED NEVER MARRIED		9. AGE (In years	Life Harden D. W. College
3	N	WIDOW		10-9-06	ost birthdoy)	Months Days Hours Min.
OA. USUAL OC	CUPATION (Give kind of wo			11. BIRTHPLACE (State or lareis	62	
one during most	of working life, even if retired			. 1	ga country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S N	AAA.			VIRGINIA		USA
	777			14. MOTHER'S MAIDEN NAM	A E	
Jose				Lucy Ann	>	
es, no or unknow	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	, , , , , , , , , , , , , , , , , , , ,	361416	SECURITY NO.	WIFE (MAD		
18.	2 8 1		CAUSE OF DEAT	WIFE (MAR	Υ ]	
S 14	ASE OR CONDITION D	DECTIV	0			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5132	LEADING TO DEATH	IKEC ILI	Kespin	story & Cardiac	Amit	
(This does	nal mean the mode of	i dying, e		A CONSEQUENCE OF:	ceruci	MINS
injury or co	e, asthenia, etc. It means emplication which caused	s the disea	ise,	A CONTEGUENCE OF:		
	ANTECEDENT CAUSES		Plan			44.00
DISEASES			(B) V (C)	mome, Lobo	N.	HRS
nse la l	OR CONDITIONS, if he abave cause (A)	slalina	ing DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYIN	IG CONDITION last.		(c) / Mull	yre Myclome	A	6 YEARS
	11			V		
OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTIN	G Survey Cir	ed Sprobement	at TI	11
DISEASE OR	CONDITION GIVEN IN PAR	RT I (A)		************		MONTHS
IO THE DEADISEASE OR	F OPERATION 198. CON	DITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE	FINDINGS CONSIDERED
210 100					IN CERTIFIING CA	ASES OF DEVINA
OR CONTRI	ENT WAS UNDERLYING	]	21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimor	e City, give exact location)
DEATH (notif	y medicol exominer		etc.)			
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour)	TE INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROXI			While At Not While	1		
22. 1	v ahna /1\/al-1 - 1		Work At Wark		,	
			d the deceased fram		<u>69</u> ta	7-4 19 69
	last saw the decease			19 <u>69</u> and that	in (my) (aur) apir	nian death accurred an the date
and have as	nd from the causes stat	ted abave.	(I) (We) (dld) (dld nat) vi	ew the bady after death.		
23A. SIGNAT	URE	/			30	23 B. DATE SIGNED
a	Irrald M.	(May)	/ // / Dh.m	ding Med. Si	hoff S	7-4-69
23C. PHYSICI	AN'S Typel		DEGREE	3D. ADDRESS	.,	/ 69
Do		1000		South Bal	to Year	Usca
A. BURIAL CR	EMATION, 248, DATE		NAME of CEMETERY OF CRE	MATORY 1940	A. Jour	1000
REMOVAL	(Specify)	- 11	/ / /	MATORY 24D. LOC	ALION (Cit	ly, lown, or county) (Slote)
SCIKIG	/ /- 7-G	7 111	86445 Mer.	PK. AK	butus.	land.
A. DATE JAC	17 1969 R.C.	25B. NAM	e OF REGISTRAR	25C. FUNERAL DIRECTOR	KR Bail	ADDRESS
	1 1000	1	(meger yr. U)	Kas de FUNDA	ealthouse	13/8N Calloen 50
150-REV. 1/1.	68					

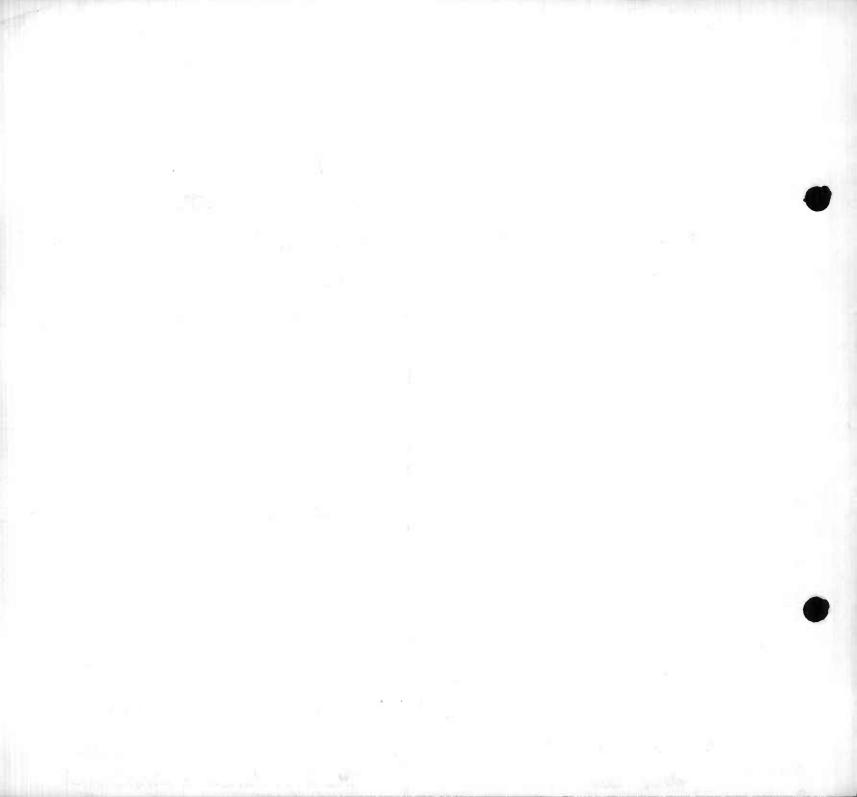


IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 17



hospital

occurred

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4:40

NO

D. INSIDE CITY LIMITS?

REG. NO

YES X

21228

If Under 1 Yr. Manths: Days H Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

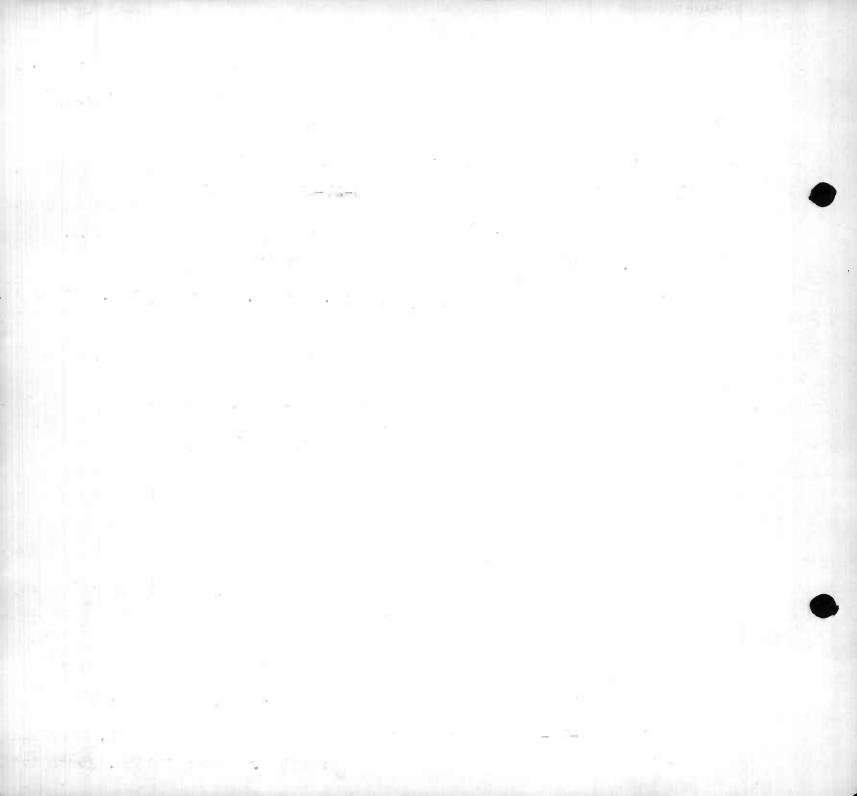
ADDRESS S. Hilton St

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

Nutter 3035 W. North Ave

VS 150-REV. 1/1/68



Morton & Dyett

1701 Laurens St.

BY HEALTH DEPT

VS 151-REV, 1/1/68

258. NAME OF REGISTRAR

un all interessions and all interessions are all interessions and all interessions are all interessions and all interessions are all interessions are all interessions are all interessions are all interessions are all interessions are all interessions are all interessions are all interessions are all interessions are all interessions are all interessions are all interessions are all interessions are all interessions are all interessions are all interessions are all interestions are all in SANTAN LEEL OFF BATT . TO 

	occurred in a hospital and ntributing cause of death rmined cause; (5) Deceased egular attendance on the ased prior to death. Such s made.
<b>5</b>	atirect or confirmation the december of the de
IMPORTAL	Also, if the cre of any kind nounced deat attendance o
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be appr the body was released to th shows: (1) An accident of any was D.O.A. at a hospital (ex deceased prior to death); any written approval must be ob

#-61	1.		BALTIMORE CITY	HEALTH DEPARTMENT		60 6000
BIRTH NO.	63	682	CERTIFICA	TE OF DEATH	REG. NO	69 6828
Type or Print)	EASED			2. DATE AN	D HOUR OF DEATH	
	Jame	s W. Ha	rper	7-5-69		6:20
3. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If	institution: residence before admi
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITATION)	UTION, GIVE STREET	Maryland 21229	9	2037
	St.Agnes H	ospital			D. IN:	SIDE CITY LIMITS?
40	Caton & Wi	lkens A	venue	Baltimore E. STREET AND NUMBER		153 24 140
10	Baltimore,	Maryla	nd 21229	105 N.Kossuth	Street	
S. SEX	6. RACE		NEVER MARRIED		AGE (In years ost birthdoy)	If Under 1 Yr. II Under 24 Months: Doys Hours M
Male	Caucasian	WIDOWED	DIVORCED T	5_15_1 <b>1</b>   [	58	Months Doys Hours M
OA. USUAL OCCI	JPATION (Give kind of world	108. KIND O	BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or loreis	n country)	12. CITIZEN OF WHAT COU
Costod	ian			Goldsboro N.	C.	U. S.
Lonn i	e Harper			14. MOTHER'S MAIDEN NAM Lillie Bran	ch	
5. Was Deceased Yes, no or unknown)	Ever in U. S. Armed For	ces? s of service)	SECURITY NO.	17. INFORMANT	<del></del>	ADDRESS
			229-18-8494	Mrs. Myrtle	Harper	105 Kossuth Stre
18.	3 X I		CAUSE OF DEATI	1		APPROXIMATE INTERV
DISEAS	E OR CONDITION DI	RECTLY	Turn	word Cadier	a.	BETWEEN ONSET AND D
I	LEADING TO DEATH of mean the made of	4.00	(A) IMMEDIATE CAU			
heoil foilure,	ashenia, elc. Il meons	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or com	plication which caused	deoth.)		tial amel	74443 -	- 2 years
1	INTECEDENT CAUSES		(R)	tiple mych		·
DISEASES O	R CONDITIONS, if above couse (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	************	************
UNDERLYING	CONDITION lost.		(C)			
	11					
OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING				
DISEASE OR CO	H BUT NOT RELATED TO THE	T 1 (A).	****************	********************************		
OTHER SIGNIFI TO THE DEATI DISEASE OR CO 19A. DATE OF	OPERATION 198 CON WAS PERF	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
, OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examined	218. hom etc.	PLACE OF INJURY (e.g., in e, form, loctory, sheet, off	or obout 21 C. WHERE DID	(If In Boltimor	re City, give exact location)
21D. TIME	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	· · · · · · · · · · · · · · · · · · ·
(APPROX.)		Whi	le At Not While			
22 1		WOI	A TITUIK			
	that (1) (this hospital			sely 6 19	69 to fe	ely 6 196
	last saw the decease				in(my) (our) apl	nion deoth occurred on the
and hour and	fram the causes stot	ed abave. (1	) (We) (dld) (dld not) vl	ew the body ofter deoth.		
23A. SIGNATUI	E /- /	1	- 40			23 B. DATE SIGNED
all	facious &	suju	OEGREE Phys.	ding Med. S	hoff (S)	levely 7/69.
23C. PHYSICIAL NAME ITY	TS pel -EIAN &AO /	MELIA	OLOREL!	Out Apress Ho	m. Cater	+ Willens Ac
A SURIAL CREA	ATION, 248, DATE	24C. NA	ME OF CEMETERY OF CREA	MATORY 24D. LO	CATION (Ci	ty, town, or county) (State
Burial	7-9-69		MMANUEL CEME		nestertown	Md.
	4000	258 NAME C		25C. FUNERAL DIRECTOR		ADDRESS
707.7	1909 166.8	E Za Q	18000	Morton & Dye	tt	1701 Laurens St.

na mina 1960 - Grand Andrews (mina)

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11	Ped to	BIRTH NO. 69 6829 CERTIFIC	ATE OF DEATH X REG. NO	69 6823
	death death sceased on the	Type or Panti Diole + ROOK	2. DATE AND HOUR OF DEAT	
	Dec ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived If	18:50 A M. institution: residence before admission)
	hos (5) an de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION	Md Balte. co.	5300
		43	Baltimore	YES NO
	O L .	South Baltimore General Hospitas	E. STREET AND NUMBER 201 Cedar Lave	
0	occurre ontribut ermined regular eased p is made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	7/16/03 lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	or c ndet s in dec	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if refired)	RY 11. BIRTHPLACE (Stote or (oreign country)	12. CITIZEN OF WHAT COUNTRY?
	if d (4) U was the spos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7.11
5		Howard Hines	Leona Nicholson	
IMPORTAN	sista the kind deat deat	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  213-10-1712-1	17- INFORMANT	ADDRESS
ō	م م م	18. CAUSE OF DEA	TH	APPROXIMATE INTERVAL
Z Z	lso, of o unc	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0. 7 3 1	BETWEEN ONSET AND DEATH
=	PASPE	(This does not meen the mode of dying, e.g., DUETO OR	AUSE àcute Pulmonan S A CONSEQUENCE OF: at elictoris	y Edema wil
U -= E Q -> F	healt loilure, osthenio, etc. It means the disease, injury or complication which caused death.)	at eli class,	1	
	ANTECEDENT CAUSES	AS A CONSEQUENCE OF:	cio vas cular	
ECT	A fr Who reg	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR	AS A CONSEQUENCE OF:	Dirense
DIR	(3) (3) and and and and and and and and and and	rise to the obove cause (A) stoting the UNDERLYING CONDITION lost. (C)		
dic dic dic w		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
2		DISEASE OR CONDITION GIVEN IN PART 1 (A).	120A ALTERDANA (V N. V. COR. III. VIII.	***************************************
FUN	chie Body the ysic	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	
FU by the pital by res; (2) where No ph		OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g. home, form, fociory, street, etc.)	in or obout 2TC. WHERE DID (If in Bollim office bldg., INJURY OCCUR?	fre City, give exoct location)
	0 0 7 3 D	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
		(APPROX.)  While At Not W. Work  At Wo.	ile D	
	pprov the f any n (exce ; and	22. I certify that (+) (this hospital) ottended the deceosed fram		7-5-19-69
	E 0 0	that (t) (we) lost sow the deceased olive an > - J	10	Inion death occurred an the date
	as be ased the dent o osspita death nust b	and hour and from the couses stated above. (1) (We) (did) (did nat)		
	dent of death must b	23A. SIGNATURE		23B. DATE SIGNED
	E + Ci e =	Vilia C. Balderadores	tending Med. Staff ys. Director Phys.	7-5-69
	was r was r An a A. at a prior	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS & OUTH BALT	D. G & N. Hosp
	T - T	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	0. 300/ 50nTH	HANOUER BA
	оду (1) (2) (3) (3)	REMOVAL (Specily)	REMATORY 24D. LOCATION (C	ity, town, or county) (Stote) M
		25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	This the show was deco	111 7 1969 Paul E. Jailly R. D.	9 618 200 111	Sha B. III A.
	1	VS 150-REV. 1A168	- Lord O. MIRW	OBUITMING ATE

BALTIMORE CITY HEALTH DEPARTMENT

Cedar Hill

1100

c-1,60

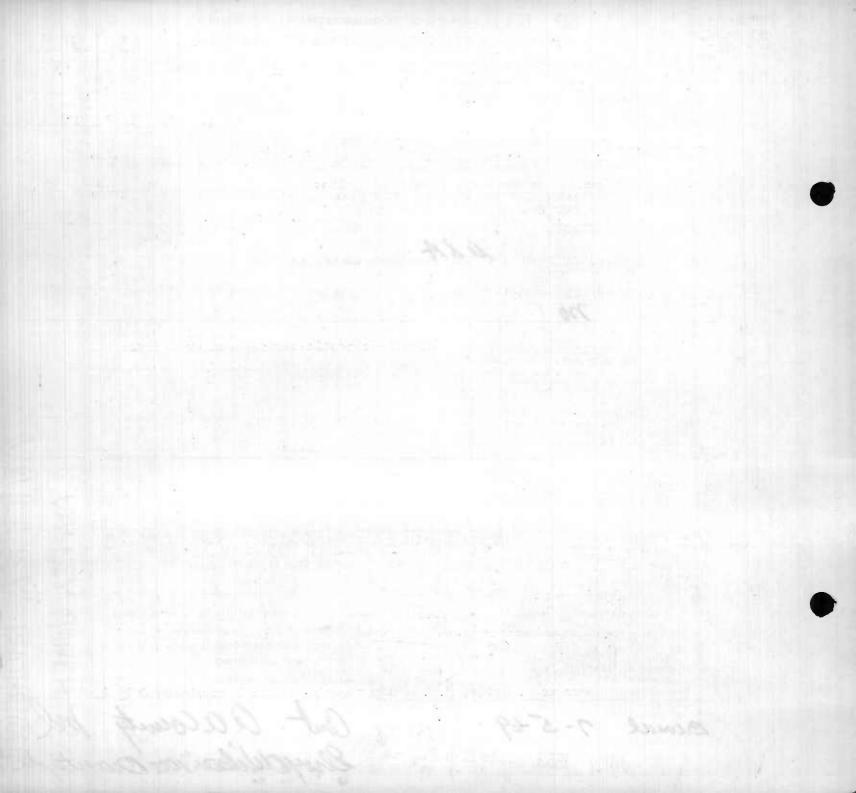
69 683 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 65	9 6830
1. NAME OF DECEASED (Type or Print)	2. DATE Known Manih Day	Year Hour
BEN COOPER JR	DEATH Estimated July 1, 1969	3:30 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Day PRONOUNCED DEAD July 1,1969	Yeor Haur 3:30 Pag
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: res	
1/6 LUTHERAN HOSPITAL	A. STATE B. COUNTY Maryland	1504
6. SEX Nagro 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY L	IMITS?
WIDOWED DIVORCED	Baltimore YES	No 🗆
9. DATE OF BIRTH   10.AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Manths, Days, Haurs, Min.	E. STREET AND NUMBER	
Marel 23.1930 loss birthday) 19 Manths, Days, Haurs, Min.	2140 N. Smallwood Street	
11. BIRTHPLACE (State or foreign caughty) 12. CITIZEN OF	13. FATHER'S NAME	
WHAT COUNTRY?	the lass !	
1.4A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR'S	ALL COYCLE ST.	
dane during most of working life, even il relired)	Ospeler addison	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn)((if yes, give wagery doles of service)  SECURITY NO.	18. INFORMANT ADDR	ESS//
(Yes, na ar unknawn) (If yes, give warpy doles of service) SECURITY NO.	Blu Cinney le	land
19. O LL CAUSE OF DEA	TH STORY STORY	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	AUSE Epilepsy	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury ar complication which coused dooth.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(C)	****	-
T OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		Action 1
DISEASE OF CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	S PERFORMED 21.	. AUTOPSY? (Yes or Na)
		yes
☐ UNDERLYING ☐ OR CONTRIB. hame, tarm, factory, street, affice	in or obout 22C. WHERE DID (II in Boltimore City, give exact looking, etc.) INJURY OCCUR?	callon)
UTING CAUSE OF DEATH.  2 22D. TIME (Month) (Doy) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INTURY	WHILE (	
23.  I certify that I held an Inquiry Inspection Au	tapsy 🔀 and that on this basis, death in my opin	nlan
resulted from: Natural causes Accident Suicid		
ACTUAL A GLES MV	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 7	/2/69
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	or CREMAJORY / 24D. LOCATION (City, town, or	county) (State)
REMOVAL (Specify)	1) +	321/
254 DATE DECID BY HEALTH DEDT	Carl	Show
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	ESS
1111 7 1969 Robert E. Jaka MD.	a Charbellen	

R-152

69 6831 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO. 69 683    I. NAME OF DECEASED ((ypp or Print)   STLAS ROBINSON   STLAS ROBI
STLAS ROBINSON   OF Print   OF
A PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD HOSPITAL OR INSTITUTION  16. SEX  16. SEX  17. RACE  Male Colored Widowed Widowed Divorced Widowed Divorced Non-Divorced Divorced Non-Divorced Divorced Divorced Divorced Divorced Divorced Non-Divorced Divorced Divorced Divorced Divorced Non-Divorced Divorced Divorced Divorced Divorced Divorced Non-Divorced Divorced Divorced Divorced Non-Divorced Divorced Divorced Divorced Divorced Non-Divorced Divorced Divorced Divorced Divorced Divorced Non-Divorced Divorced Divorced Divorced Non-Divorced Divorced Divorced Divorced Divorced Non-Divorced Divorced Divorced Divorced Divorced Non-Divorced Divorced Divorced Divorced Non-Divorced Divorced Divorced Divorced Divorced Non-Divorced Divorced Divorced Divorced Divorced Divorced Non-Divorced Divorced Divorced Divorced Divorced Divorced Divorced Divorced Divorced Non-Divorced Divorced Divorc
FRUIL MAME OF MORESS OR LOCATION)  1635 E. NOrth Ave.  6. SEX  Male  Colored  Widowed  Divorced  Widowed  Divorced  Widowed  Divorced  North
HOSPITIAL   ADDRESS OR LOCATION)   SUSUAL RESIDENCE (Where dece ased lived, institution: residence before admission)
S. USUAL RESIDENCE (Where dace ased lived. It institution: residence before admission)   A. STATE   Mary land   S. COUNTY
1.635 E. North Ave.   A. STATE   Maryland   B. COUNTY
1. BIRTHPLACE (Stots or foreign country)  12. BIRTHPLACE (Stots or foreign country)  13. BIRTHPLACE (Stots or foreign country)  14. USUAL OCCUPATION (Give kind of work)   48. KIND OF BUSINESS OR INDUSTRY   13. FATHER'S NAME was a country of c
S. SEX   Name   Name   Never Married   Never Married   Divorced
Male Colored WIDOWED DIVORCED Balto. YES NO DIVORCED 9. DATE OF BIRTH 10. AGE (In yeers to stort in cost brinds) 10. AGE (In yeers to stort in cost brinds) 10. AGE (In yeers to stort in cost brinds) 10. AGE (In yeers to stort in cost brinds) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?  13. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?  14. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S NAME what one down fine work in it retrieved to story 15. MOTHER'S NAME what of working life, even if retired to down during most of working life, even if retired to story 15. AGE (Tes, no or unknown) (If yes, give was or doles of story 16.) 17. SOCIAL SECURITY NO.  19. CAUSE OF DEATH  Arteriosclerotic cardiovascular disease (A)IMMEDIATE CAUSE (A)IMMEDI
9. DATE OF BIRTH    10. AGE (in years   Industry   Indu
1.5   1.5
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME WHAT COUNTRY?  14A. USUAL OCCUPATION (Give kind of work) 48. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even diretired)  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wag or doles of service)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wag or doles of service)  17. SOCIAL SECURITY NO.  18. INFORMANT  ADDRESS  CAUSE OF DEATH  Arterioscleratic cardiovascular disease  [A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:  18. DUE TO, OR AS A CONSEQUENCE OF:  19.  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDRETTYING OR CONTRIB.  12B. PLACE OF INJURY (e.g., in or obout) 12C. WHERE DID (if in Boltimore City, give exact location) 11JURY OCCUR?  22F. HOW DID INJURY OCCUR?
TAA.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME    16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give was, or doles of service)   17. SOCIAL SECURITY NO.   18. INFORMANT   ADDRESS     19.
10. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give was or doles of service)   17. SOCIAL SECURITY NO.   18. INFORMANT   ADDRESS
10. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give was or doles of service)   17. SOCIAL SECURITY NO.   18. INFORMANT   ADDRESS
CAUSE OF DEATH   Arteriosclerotic cardiovascular disease
CAUSE OF DEATH   Arteriosclerotic cardiovascular disease
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. If means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION IN PART I (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  UNDERLYING OR CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  UNDERLYING OR CONTRIB- home, form, foctory, street, office bldg., etc.)  UNDERLYING CAUSE WAS A CONSEQUENCE OF:  (A) IMMEDIATE CAUSE CONDITION DIRECTLY  ATTERIOSC 1 eradiovascular disease  DUE TO, OR AS A CONSEQUENCE OF:  (C).  (D)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No)  NO  VO  VO  VO  VIOLENTIAN CAUSE WAS A CONSEQUENCE OF:  DIVING CAUSE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  222A. EXTERNAL CAUSE WAS A CONSEQUENCE OF:  NO  VIOLENTIAN CAUSE WAS A CONSEQUENCE OF:  DIVING CAUSE OF DEATH.  VIOLENTIAN CAUSE WAS A CONSEQUENCE OF:  DIVING CAUSE OF DEATH.  VIOLENTIAN CAUSE WAS A CONSEQUENCE OF:  DIVING CAUSE OF DEATH.  VIOLENTIAN CAUSE WAS A CONSEQUENCE OF:  DIVING CAUSE OF DEATH.  VIOLENTIAN CAUSE WAS A CONSEQUENCE OF:  DIVING CAUSE OF DEATH.  VIOLENTIAN CAUSE WAS A CONSEQUENCE OF:  DIVING CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEATH.  VIOLENTIAN CAUSE OF DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, esthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO HE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS  UNDERLYING CONTRIB- UNING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.NIJURY OCCURRED  22F. HOW DID INJURY OCCUR?
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, esthenia, etc. if means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS  UNDERLYING CONTRIB.  UNDE
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V   22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.   22B. PLACE OF INJURY (e.g., in or obout 12C. WHERE DID (If in Boltimore City, give exact location)   10   10   10   10   10   10   10   1
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    OF INJURY OCCUR?   INJURY OCCUR?
UTING CAUSE OF DEATH.    22D. TIME (Month) (Doy) (Yeor) (Hour)   22E.INJURY OCCURRED   22F. HOW DID INJURY OCCUR?
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OF INJURY
(APPROX.)
m. WORK AT WORK
resulted fram: Natural causes XX Accident Suicide Homilcide Undetermined manner
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ACTUAL MORAL A SOLA SIGNED
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ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER
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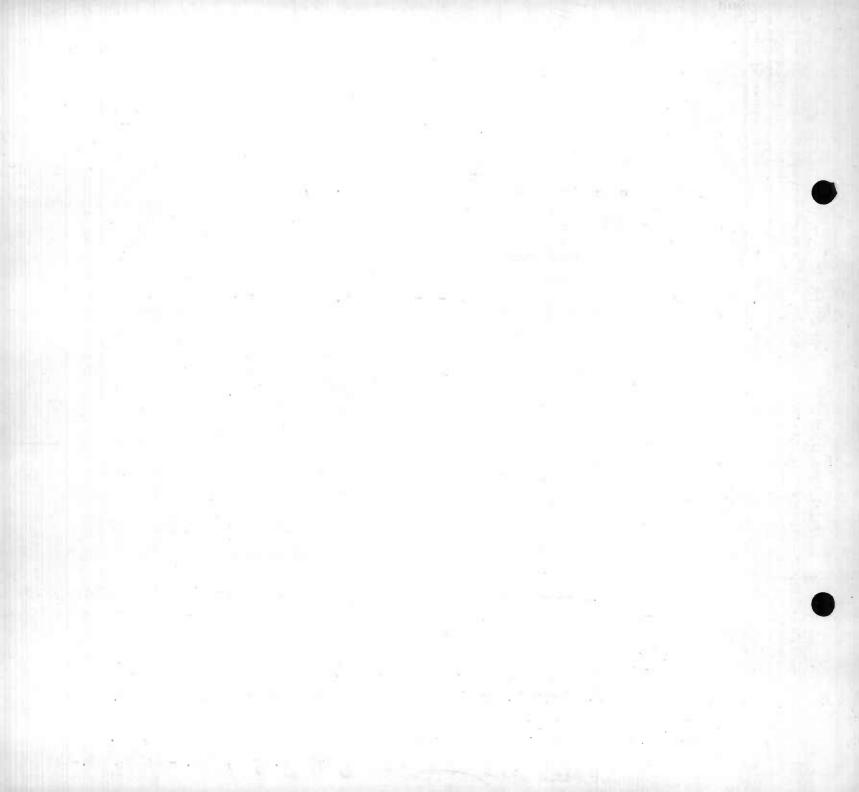
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BALTIMORE CITY HEALTH DEPARTMENT





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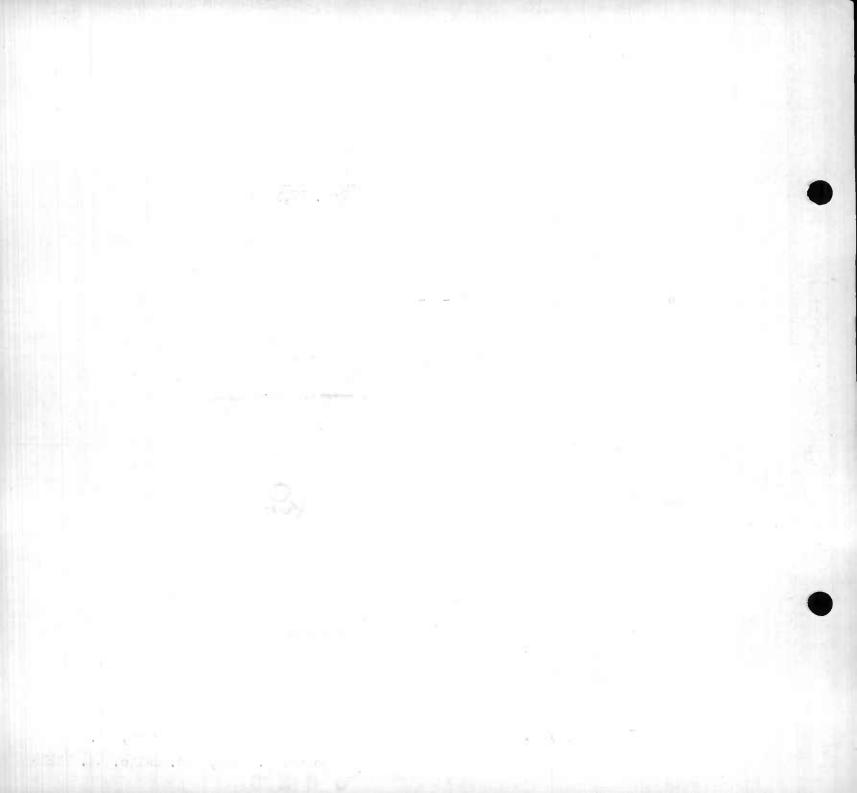
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	6	9 68.	BALTIMORE CITY	HEALTH	DEPARTMENT		69	Coom
		000	CERTIFICA	TE O	F DEATH	REG. NO	00	0837
BIRTH NO.	ACED				DATE AM	D HOUR OF DEAT	ч	
(Type or Print)	4	u an a	Dis c					11 10
		N, MA.		П. м.	July	4 14, 196	7	4.10 A.N
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	B. COUN	e deceased lived, It	institution: res	idence before odmission)
ENILL NAME OF	UE NOT IN HOSBIT	AL OR INSTITU	TION CIVE STREET	MAG	RYLAND			841
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	ATION)	HON, GIVE STREET		OR TOWN	In IN	SIDE CITY LIA	O / /
NOITUTITEN					ALTIMORE	D. 114		
Un	IION MEMON	RIAI HO.	SPITAL				YES 🔽	NO 🗌
44					T AND NUMBER	100		
,				311	6 LAWNV	IEW AVEN	UE	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE C	OF BIRTH	9. AGE (In years	If Under Months:	Yr. If Under 24 Hrs. Doys Hours Min.
FEMALE	WHITE	WIDOWED	DIVORCED	MAKA	00000000000000000000000000000000000000	last birthdoy) 77	TVIONINS I	Poys Hours With.
		_	BUSINESS OR INDUSTRY			an country)	12 CITIZI	N OF WHAT COUNTRY
	orking life, even if retired)		,	II. BIRTI	TACE (Sidile of Total	gir cooniny)		
HOUSE		K	one	MA	RYLAND		U.	S.A.
3. FATHER'S NAM	_			14. MOTH	HER'S MAIDEN NAM	ΛE		
	UNUNOWA	7 (1) 11: 4	Hose		Known			
	7,1000	0011114	ww. El c > >	un	1-40 00 W			
5. Was Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFOR				ADDRESS
NO	(If yes, give war or date	s of service!	218-26-2284	1/1/11	TTEN SEA	OF W To	5803	WILLAWTON AVE.
140			CAUSE OF DEAT	1	,, ,, ,, ,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 5007	APPROXIMATE INTERVAL
18.4	7						BE	TWEEN ONSET AND DEAT
	OR CONDITION DI	RECTLY		(1	10. To muse	archal usey	Hillour	
	EADING TO DEATH		(A) IMMEDIATE CAL	JSE	cure of		0	
	it meon the made al isthenia, etc. Il means		DUE TO, OR AS	A CONSEQ	UENCE OF:			
	lication which caused			Mysea	cute my of UENCE OF: uchol info	chen		
A	NTECEDENT CAUSES			28			- 1	
			(B)	A CONSE	OHENCE OF			
	R CONDITIONS, ii abave cause (A)		00E 10, 0K A0	P	ulmonary	edema		~ 11
	CONDITION last.		(c)	/	7	- ma		P.H.
	11		\ -/					
Z OTHER CICALE	II CANT CONDITIONS CO	NITRIBILITING						
TO THE DEATH	BUT NOT RELATED TO T	HE TERMINAL						
DISEASE OR CO	OPERATION TIPE CON		HICH OPERATION	20A A	UTOPSY? Yes or No	208 IE VEC WER	E EINDINGS	CONSIDERED
E SALE OF	WAS PER	FORMED	THE OFERATION	200. A	0.0731.103.01.110	IN CERTIFYING	AUSES OF D	EATH?
ERTIFI					400			
OR CONTRIBUT	T WAS UNDERLYING [	21 B.	PLACE OF INJURY (e.g., e, form, foctory, street, o	ffice blda.	INJURY OCCUR?	(If in Boltim	ore City, give	exact location)
<b>▼</b> DEATH (notify	medical examiner)	etc.)		- 3/1				
O 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED		21 F. HOW DID INJ	IRY OCCUR?		
OF INJURY	(Doy) (180)				L HOW DID ING	on, occom		
(APPROX.)		Work						
22. 1 consis	hat (1) (this bassies	I) attended 4L	e deceosed fram		1-69	969 1	ily 4 1t	1969
that (i) (we)	ost sow the decease	ed alive an	July 4th	196	and the	at in(my) (aur) a	pinian death	occurred on the dat
and haur ond	from the causes sta	ted above. (i)	(We) (did) (dld not)	view the b	ady ofter death.			
23A. SIGNATUR	E /	1/					23 B. DATE	SIGNED
IV.	1.6	where 1.	M. D. AM	ending	Med. Director	Staff Phys.	7/	4/69
			DEGREE Phy	s.		Phys.	1//	, , , ,
23C. PHYSICIAN NAME (Ty	rs pe)			23D. ADDR				
	CABRER	A , JUAN	$M \cdot M \cdot D$	(	UNION ME	TORIAL HE	SPITAL	
24A. RUPIAL CPEA	AATION, 24B. DATE		ME of CEMETERY OF CR				City, town, or	
REMOVAL (SE	pecify)				24D. L			
Buria.	7/8/69	9. Bal	timore Cemete	ry		Balt	imore, 1	Md.
25A. DATE REC'D	SY HEALTH DEPT.	25B. NAME O	F REGISTRAR	25C. F	UNERAL DIRECTOR			ADDRESS
	111 0 1000	Q.Q. A	E. Jaber, M.D.	L	eonard J.	Ruck, Inc.	Balto.	Md. 21214
	JULY 1909	1 Ucocos		7	0 0 0			
150-REV. 1/1/6	A	I to real	e at		13 (3			



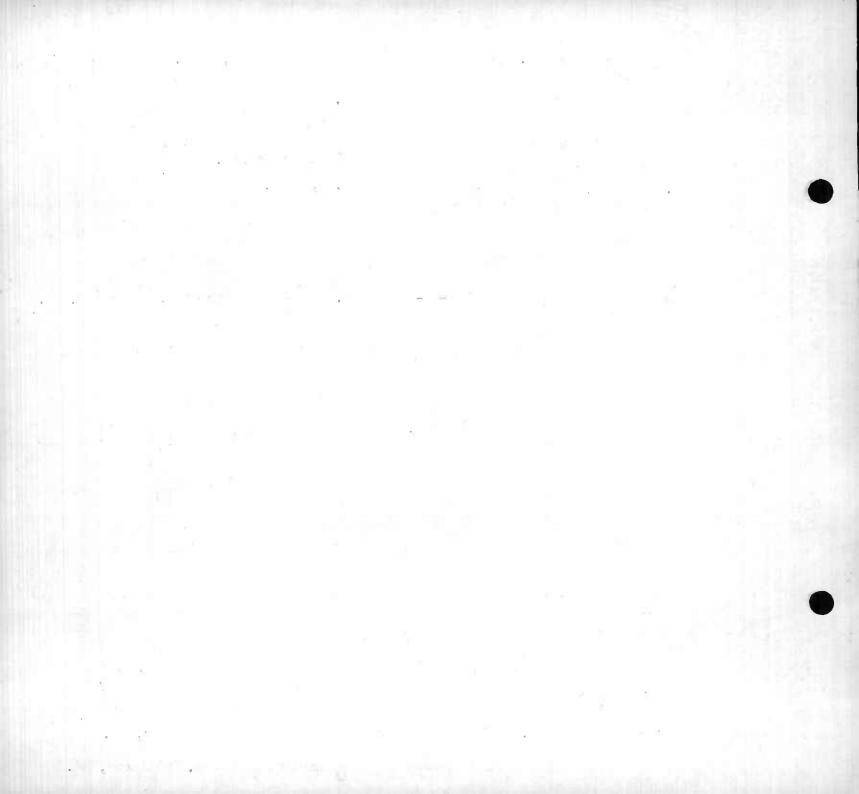
4-	520	69 6838 CERTIFICATE OF DEATH REG. NO. 69 6838
	and eath ased the Such	BIRTH NO. William
	S e e	(Type or Pant)
	of do	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admiration
	S = (S = 0	FULL NAME OF HE NOT IN HOSPITAL OF INSTITUTION CIVE STREET
	a h caus se; (; anda to d	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	2 3 9	Maryland General Hospital Battimore YES NO
	ting d cau r att	E. STREET AND NUMBER
	tributi mined gular sed pr	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH / 9. AGE (in years if Under 1 Yr., if Under 24 Hrs
		WIDOWED DIVORCED 9/30/89 Orthogy Of Months Doys Hours Min.
	con con eter n re ecea	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
	rect or c (4) Under was in the dece	Retired Painter-Decorator Germany U.S.A.
	wa wa	13. FATHER'S NAME
Z	== = ==	Albert Heinze Margaret Lacompe
4	he d ind leat leat o o	15. Was Deceased Ever in U. S. Armed Forces? (If es, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT ADDRESS
ORT.	find k	rockorocky yes WWL 218-01-6176 Ernest E. Heinze 3029 E. Northern Pkway
PO	is agany any any any and and or	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  PIMONARY Edema  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMP	Also Also e of noun atte	LEADING TO DEATH
••	7.30 - 8	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
DIRECTOR	act act	injury or complication which caused death.)
	Fr fr	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:
RE	exa (3) A n w in r	luse in the above coose two significations
	5 5 . E	UNDERLYING CONDITION lost. (C)
7	SH F S & E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)
R.	me dy bu phy cian	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DENY dra (On
Z:	by a (2) Bod re the physic fore th	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3		OR CONTERPRITING CALLES OF INTOKING CITY, give exact location
	whe d be	DEATH (notify medical examiner) etc.)
:	og true	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hosi natu cept d (6)	While At Not While At Work
	the any r (exc obta	22. 1 certify that (1) (this haspital) attended the deceased from July 1969 to July 4 1969
	_ 0	that (1) (we) lost saw the deceased alive an 19 9 and that in (my) (our) epinian death occurred on the date
-	a prid pt	and haur and fram the causes stated above. (1) (We) (dld) (dld not) view the body ofter death.
	must eleas ccide i hos to de	Attending Med. Stoff
		23C. PHYSICIAN'S   23D. ADDRESS
	y was ry was ry (1) An a co. A. at a prior approv	23C. PHYSICIAN'S NAME (Type) Robert Hawkins M.D.  23D. ADDRESS
	certificate body was vs: (1) An a D.O.A. at assed prior ten approv	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	D.C. D.C. D.C.	Burial 7/7/69 Woodlawn Cem. Balto. Md.
	This cert the body shows: (I was D.O. deceased written o	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
1	< 0 < 0 > 0	vs 150-REV. 1/1/68 JUL 8 1969 Publis E. Jasber, M.D. Leorard J. Quek Inc. Balto. Md.

69 6	000	TE OF DEATH	REG. NO	69 6839
T. NAME OF DECEASED (Type or Print)  King Turk  Turk			D HOUR OF DEATH	59   3:10 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. Il insti	itution: residence belora odmissian
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION  WHICH MEMORY  44		Md.  C. CITY OR TOWN  130 / 6 in var.  E. STREET AND NUMBER	D. INSID	E CITY LIMITS? YES NO [
WiDON		1/17/90	1-7	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even it retired) Music Teacher	O OF BUSINESS OR INDUSTRY	4 11	en country)	12. CITIZEN OF WHAT COUNTRY
JAMES S. KINK	M	ANNA C	otten	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) Ul yes, give war or dotes of servi	16. SOCIAL SECURITY NO. 213 48 9443	Miss Ann Pete	ers	(Same)
IThis does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION tast.	(B) UE TO, OR AS on the CC)	SE GAS EROSNERS E A CONSEQUENCE OF:  A CONSEQUENCE OF:		
TO THE DEATH BUT NOT RELATED TO THE TERMIN A DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSTTIYES OF NOT		IDINGS CONSIDERED
ZIA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in hame, farm, loctory, street, all etc.)	at obout 21 C. WHERE DID		City, give exact lacotion)
21D-TIME (Manihi (Doyl (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED  While At  Nat While At Wark	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (I) (this hospital) ottende that (I) (we) last sow the deceased alive		6/30/ 19 19.69 and that	67_to t in(my) (our) opinio	7 5 19 69 on death occurred on the date
FRANCIS T. DAI	AHer Phys. ALY	ew the body ofter deoth.  Adding Med. Director P	hoff Dinys CHARLES	SIR DATE SIGNED  7/5/69  SI
Burial 7/8/69.	Parkwood Ceme	etery	Baltimore	
JUL 8 1969 1064	AE OF REGISTRAL M.D.	Iconard JO	Ruck, inc.	Balto. Md.

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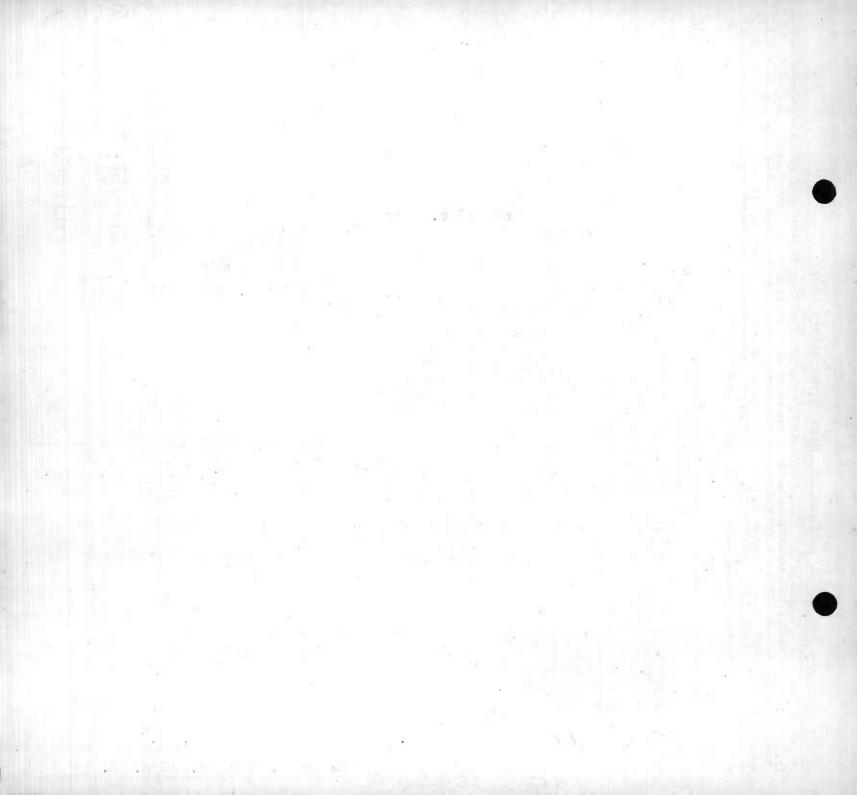
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	05	00	40	HEALTH DEPAR			69	6840
	65	68	CERTIFICA	TE OF DE	ATH	REG. NO		
BIRTH NO.	CFA 5FD					ND HOUR OF DEATH		
(Type or Print)	Frederick	W. Bau				4, 1969.	1/	0:20A.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDE	B. COUN	ere deceased lived. If in	stitution: residence	e before admission
FULL NAME OF	F (IF NOT IN HOSPIT	AL OR INSTIT	UTION GIVE STREET	Md.			27	23
HOSPITAL OR	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	V	D. INSI	DE CITY LIMITS?	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Baltimor	е		YES	NO
91) Go	ould Nursing H	ome		E. STREET AND	NUMBER			
10	8			3306 Ba	tavia	Ave.		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	1	9. AGF (In years	If Under 1 Yr. Months: Doys	
M.	W.	WIDOWED	DIVORCED	Dec. 7, 1	882.	lost birthdoy) 86	Nontas Days	Hours Min.
	CUPATION (Give kind of work	108, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or forc	ign country)	12. CITIZEN O	F WHAT COUNTR
done during most o	if working life, even if retired)			Ma	ryland		USA	
13. FATHER'S NA	AAAF			14. MOTHER'S M			0.541	
- I CHILL VIII	Christi	an Rau				Emma Mar	threun	
						Tarra blanca		
	od Ever in U. S. Armed For		16. SOCIAL SECURITY NO.	17. INFORMANT			4023 Gree	ress enmount Av
No			219-10-6457	Mrs. Kath	erine	Hirschmann,	Bal	to. Md.
1B. 1/	0.4		CAUSE OF DEAT	Н				ROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	DECTIV	0 0	1 0			BETWEE	N ONSET AND DEAT
Dist	LEADING TO DEATH	RECILI	1 and	and lane	A	11 edema	1 27	+ //
(This daes	nal meon the made of	dying, e.g.,	(A) MARTINE PAU	A CONSEQUENCE	KY. J. W. MAC. be	y xuona	0 2	succes
heart failure	, asthenia, etc. It means	the disease,		A GOLINCE V	/			
injury or co	implication which coused		(0)	r m		11 1	11	
	ANTECEDENT CAUSES		wiron	10 1/4	soci	ardeles	/ // //	years
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE	PF:	10110		
	he abave cause (A) IG CONDITION lost,	slaling the	(L) Xen	1 As orlos	Mu	E EVous	RASE	
ONDEREIN			W/2/2/2/2/2/		-CM			
Z OTHER SIGN	III	NITBIBLITING						
TO THE DEA	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T	HE TERMINAL						
M DISEASE OR	CONDITION GIVEN IN PAR OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY	2 (Yes or No	o) 20B. IF YES, WERE I	EINDINGS CON	SIDERED
ERTIFE O	WAS PER		WHICH OFEKATION	AU IOFSI	; (les of 140	IN CERTIFYING CA		
U 21A. ACCID	ENT WAS UNDERLYING	7 218	PLACE OF INJURY (e.g., i	n or about 21 C. WH	FRE DID	(If in Baltimar	e City, give exac	t location)
OR CONTRI	BUTING CAUSE OF	hon	ne, form, foctory, street, o	ffice bldg., INJURY	OCCUR?	(ii iii Bolillilor	e City, give exac	ridconon;
U	fy medical examiner)	etc	,					
OF INJURY	(Month) (Day) (Year)	. INJURY OCCURRED	21 F. HO	M DID INT	IURY OCCUR?			
While At Not While At Work							1 .0	
22 1	22. I certify that (1) (ship hospital) attended the deceased from Tells 1958 to July 4 1969							
		(	1 . ()	1246		71	ary	19.00.
that (1) (we	at saw the decease	ed alive an	July T	1969	and th	nat in (my) (	nian degith ace	curred an the da
and have a	nd fram the causes stat	ted abave. (	(Wa) (did) (did not)	lew the bady aft	er death.		0	
23A-SIGNAT	URE	0	0 - 6				238 DATE SIG	NED _ IO.
(4)	Attending Med. Stoff Director Phys. Director Phys.						5 146	
23 PHYSICI	ANS	Nuc	Decoured.	23D. ADDRESS	0/	4.	7 and	0/110/
NAME		201 -	NMN	11701	1/2.	1.00	Un (M	other 1
1 TeV	THRE	20/2	D LOEGREE	7/06	Mary	fora Coa	LA HIL	YUMOL
24A. BURIAL CR REMOVAL	(Specify)		AME of CEMETERY or CR		24D/L		ty, lown, of cour	(Sloter)
Buria	7/7/6	9. Pa	rkwood Cemeter	ry	V	Baltimo	re, Md.	
25A. DATE REC'	D BY HEALTH DEPT.		OF REGISTRAP	25C. FUNERAL	DIRECTO			DDRE55
	JUL 8 1969		E. Jaber M.D.			uck Inc. Bal	timore.	Md.
/F 150 PEN/ 1/1				20.81	0	~~***** DOT		
/S 150-REV. 1/1	/ O B							

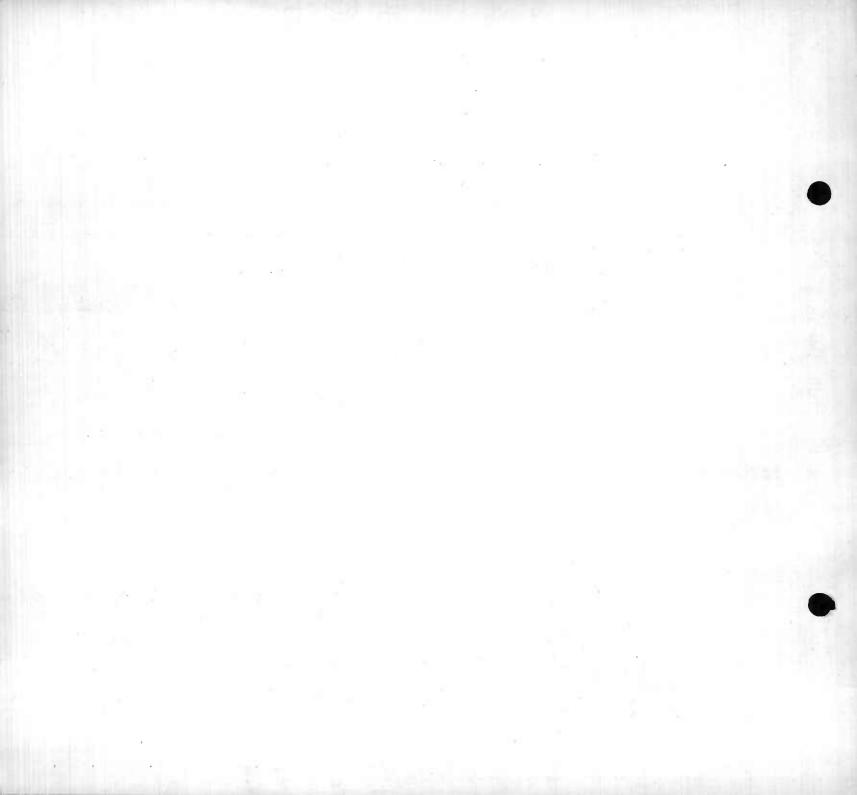


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VS 150-REV. 1/1/68



- 1	69 6843 BALTIMORE CITY HEALTH DEPARTMENT
2020 .	CERTIFICATE OF DEATH
ME U	IRTH NO.
O C	Type or Print
50 E	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where Deceased lived. If institution: residence before admission)
O O O	A. STATE B. COUNTY
(C) = T	TULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OSPITAL OR ADDRESS OR LOCATION)
0 0	NSTITUTION . D. INSIDE CITY LINGS?
	Harbor View Muraing Home Baltimore YESM NOL
0 8.5	219 Light St. 13 plt. 14d. 908 Woodson Rd. 21212
0 0 0 5.	SEX 6. SCE 7 MADDIED NEVER MADDIED B. DATE OF BIRTH 9, AGE (In years 11 Under 1 Yr., If Under 24 Hrs.
egul ased s mo	WIDOWED DIVORCED DIVORCED ON SI 19575   Months Doys Hours Min.
0 0 - 4 -	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
0 0	one during most of working lile, even il retired)
S Tit	Houserife Morgland U.S. A.
isposi	3. FATHER'S NAME
	Isone Willey Unknown
0 15	5. Wos Deceosed Ever in U. S. Armed Forces?  (es,no or unknown) (II yes, give wor or dotes of service)  17. INFORMANT  ADDRESS  SECURITY NO.
fine	No 29-45-2966 Mis Butler 909 Woodson Re
	18.4/23 CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY
E	LEADING TO DEATH  (A) IMMEDIATE CAUSE CELEBRAT Therbons 6/29/69
5	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,
E B	injury or complication which coused death.)
	ANTECEDENT CAUSES (B) arthroalenter feet disay years
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) sloting like
	UNDERLYING CONDITION last. (C) Cuturallem , The Western
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	IDISEASE OR CONDITION GIVEN IN PART 1 (A).
TIEST	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
07	21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	218. PLACE OF INJURY (e.g., in or obout of control of cause of location)  OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., of course of control of cause of control of cause of control of cause of caus
1	
	OF INJURY
1	(APPROX.) Work At Work
	22. I certify that (1) (this hospital) attended the deceased from 5/22 1969 to 7/4 1969.
	that (1) (we) last saw the deceased alive on
	and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.
	23A. SIGNATURE
	Attending Med. Staff Director Director 7/5/69
	23C. PHYSICIAN'S NAME (Type)  23D ADDRESS  23D ADDRESS
	NAME (Type)  ALLAN H MACHT MD 2 F READ OF BNMI 2000
24	4A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, or county) (Stote)
24	REMOVAL (Specify)
_	Burial 7/7/69. Greenwood Cemetery Laurel, Md.
2:	
	3010 303 00000 3 3 3 3 3
V	S 150-REV. 1/1/6B

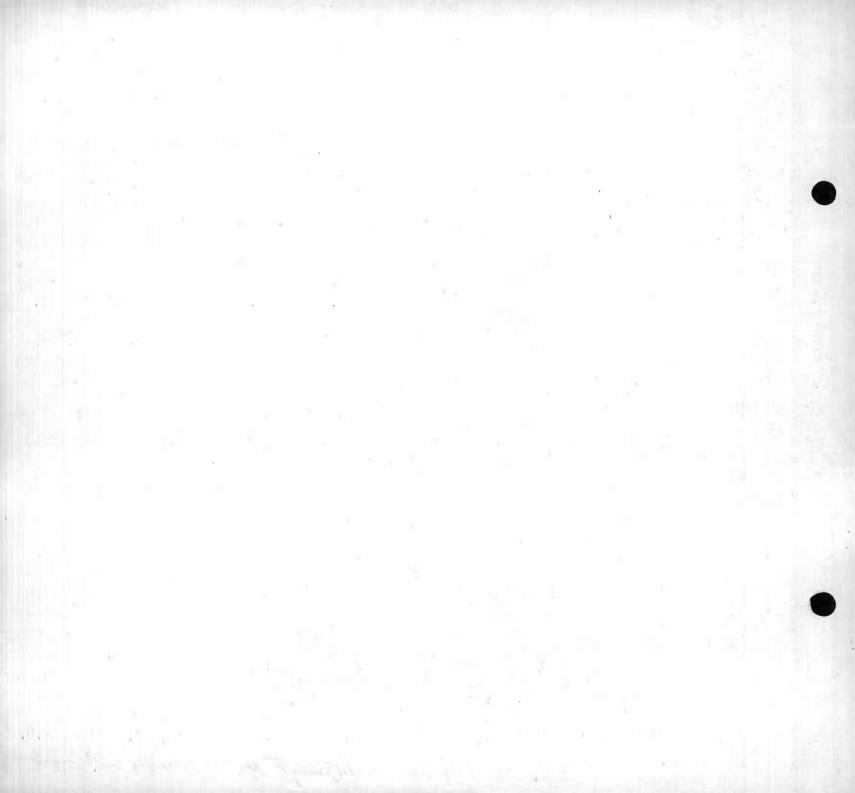


Mary Mary Mary Mary Daniel

		69	684	7	HEALTH DEPARTMENT	X	60	COAE
BII	RTH NO.	00	003	CERTIFICA	TE OF DEATH	REG. NO	0.5	0843
	NAME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH	1	
L.		GRANT.	WALTER	ELWOOD	4. USUAL RESIDENCE (Wh	ILY 2. 196	9 1	9.30 P.
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COU	ere deceased lived. If	institution; residen	nce before admission
FU HO IN	ILL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET	MADVI AND	Batto. Co.	SIDE CITY LIMITS	300
	40 ST	AGNES HOSP	ITAL		BALTIMORE E. STREET AND NUMBER		YES 🚺	NO []
					928 KENT AV	ENUE		
	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr Months: Doys	. If Under 24 Hrs
	MALE	WHITE	WIDOWED		04 03 23	16	74.0111113	Hours Min.
don	e during most of v	JPATION (Give kind of work vorking life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or fore	eign country)	12. CITIZEN C	OF WHAT COUNTR
	PIPE F	ITTER	CONS	TRUCTION	MARYLAND 14. MOTHER'S MAIDEN NA	No.	US	A
					MOTHER'S MAIDEN NA	ME		
16	WALTER	GRANT			GRACE ROBER	TS		
Yes	i, no of unknown)	Ever in U. S. Armed Fore	s of service)	SECURITY NO.	17. INFORMANT		ADD	RESS
	/ES	WORLD WAR		217184217	ST AGNES RE	CORDS-CAT	ON C 1411	I WALL AVE
	18. 4.4	2 XI	,	CAUSE OF DEATH	AGNES RE	CURDS-CAT		LKENS AVE
	DISEAS	E OR CONDITION DIR	ECTLY		n			EN ONSET AND DEAT
		LEADING TO DEATH		(A)IMMEDIATE CAU	E Respirator	y ane,	7	
	heori taliure, o	al meen the mode of asthenia, etc. It means olication which caused	the disease	/ /	CONSEQUENCE OF:	<del>/</del>		***********
		NTECEDENT CAUSES	000111.7	0)111	Ternal Car	ated a	10	
Ì			en dutan	(B)			7	
	rise la lhe	ASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:  In the above cause (A) stating the						
	UNDERLYING	CONDITION last.	350	(c)		***********************		
=	TO THE DEATH	CANT CONDITIONS CON	E TERMINAL					
ષા	DISEASE OR CO	OPERATION 198 CONT	1 (A)	VHICH OPERATION	120 A ALIZOBERS (Ven er No	W 208 (a was		*****
Ē	0	WAS PERF	ORMED	VALUE OF EXAMON	NO	IN CERTIFYING CA	USES OF DEATH	SIDERED 17
CAL	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21 B. ham etc.)	e, form, foctory, street, affi	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Soltimo	re City, give exact	f locotion)
MEDI	21 D. TIME OF INJURY	(Month! (Doy) (Year!	(Hour) 21 &	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
2	(APPROX.)		Whit	le At   Not While At Wark				
ŀ	22. I certify t	hat M) (this bosaltal)	1772	e deceased from JU	MB 26	-(0 1111	V 0	7.0
		ast saw the deceased				1969101111		19.69
- 1					19 <u>69</u> ond th	ot in (My) (our) api	nion deoth occ	urred on the dote
	and haur ond	tram the causes state	ed obave.X()	(Me) (q1q) (q)(4)(4)(x)(x)	ew the body after death.			
ľ	MAI SIGNATUR	Q			21		23 B. DATE SIGN	NED
		- ma	leen	DEGREE Phys.	ding Med.	Shaff Phys.	07 (	02 69
	23C. PHYSICIAN NAME (Typ	r's cel			D. ADDRESS		MD 2122	
		ADOLFO ALC	ONSO		ST AGNES HOS	_		
4A.	REMOVAL (Sp	ATION, 1248, DATE		ME of CEMETERY OF CREA			WILKEN  ty. town, or count	
1	Just	7-7-6	9 14	Etter len	Zen O	Bell		Fro
SA.		TY HEALTH DEPT.	25B NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	Julma	ve 1	and.
		JUL 8 1969	الا رساد الماليان	E. Jaben M.D.	TOWERAL DIRECTOR	6411	AD	DRESS ) as A
S 1	50-REV. 1/1/68		, variety	- nouse, M.D.	W. C. A. Card	SLITA.	Colons	rece, mil.
	no re 1/ 1/08							



1	69 6846 CENTIFICATE OF DEATH X REG. NO. 1636 346
	RTH NO.
	NAME OF DECEASED , CARROLL THOMPS. 2. DATE AND HOUR OF DEATH 1/00 OF Print) SCHEIBE, CARROLL THOMPS. 2. DATE AND HOUR OF DEATH 1/00 OF DEATH 1
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FH	JULI NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)  OSPITAL OR ADDRESS OR LOCATION)  D. INSIDE CITY LIMPS?
11	ISTITUTION
	South Balfimere Gennal Hospital  E. STREET AND NUMBER 5718, Phillips Street 21225  SKONKKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5,	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdox) Months; Doys Hours; Min.
	M WIDOWED DIVORCED 1930/06 62
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME
	Charles Scheibe lexena Jandon
	. Wos Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.
	No Mrs. Thelma A. Scheibe 5718 Phillips St.
_	APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE
	(This does not mean the mode of dying, e.g., heart failure, astherio, etc. II means the disease,
	injury ar complication which caused death,)
	DISEASES OR CONDITIONS, if any, giving  OUE TO, OR AS A CONSEQUENCE OF:
	rise to the obave cause (A) stoting the
	UNDERLYING CONDITION last. (C)
:	other significant conditions contributing
8 4 6	TO THE DEATH BUT NOT RELATED TO THE TERMINAL  [DISEASE OR CONDITION GIVEN IN PART 1 (A).  [19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY While At Not While
1	OF INJURY  (APPROX.)  While At   Not While   At Work   A
	22. I certify that (I) (this hospital) attended the deceased from 6/23/1969 to 7/6/1969.
	that (I) (we) lost sow the deceased alive on
	ond hour and from the courses stated above. (1) (We) (did) (did not) view the body ofter death.
	23A. SIGNATURE  (Mart Galannes, M.D. Attending Med. Director Phys. D 7/6/69.
l	23C. PHYSICIAN'S NAME (Type) NIPPOUT RATADANIA DAKO M.D. So. D. B. D. Cen. HOS.D.
2	4A. BURIAL CREMATION, 248. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, Jown, or county) (State)
	Burial 7/10/69 Glen Haven Memorial Park Glen Burnie, Md. 21061 A.A.
2	SA. DATE REC'D BY HEALTH DEPTO CO 258 NAME OF REGISTRAS 25C. FUNERAL DIRECTOR ADDRESS
	METALY 237 Patapsco Ave. 21225
V	\$ 150-REV. 1/1/68





IMPORTANT

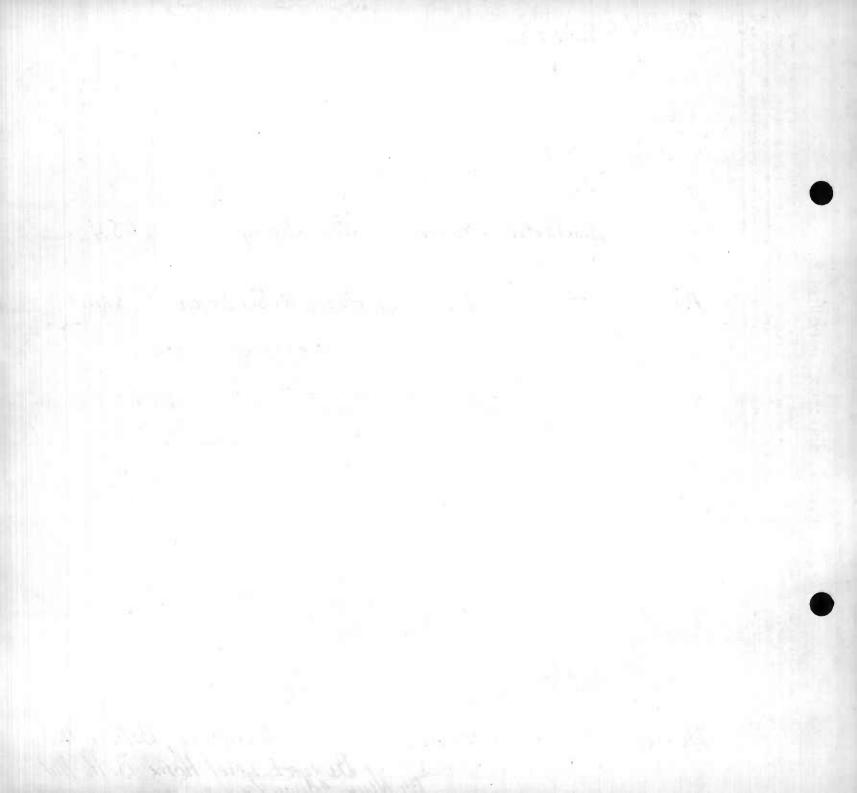
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/6B

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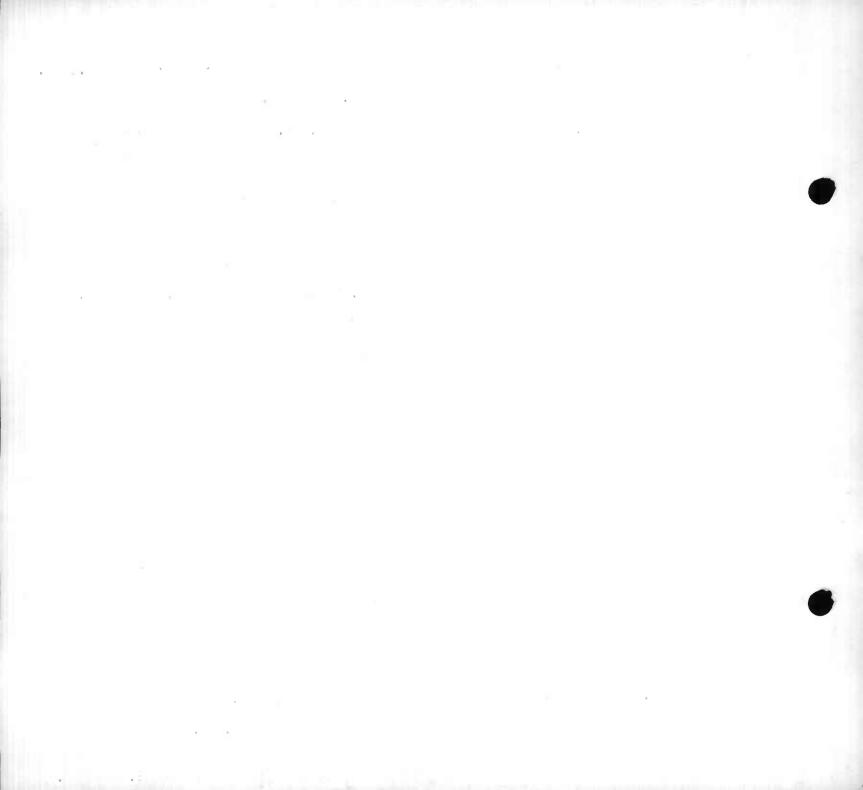
~	11	D. 11/1 69 6850 BALTIMORE CITY HEALTH DEPARTMENT
7		Reinhold C. Schreien CERTIFICATE OF DEATH REG. NO. 69 6850
0	osed the Suck	1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
	7 0 5	(Type or Print) Schreier - (/EINhold C. 4:30 A.M. 7-3-1969 M
hospital	oth oth	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
20	(5) onc deo	HOSPITAL OR ADDRESS OR LOCATION)  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  COLTY OR TOWN
	se; (5)	INSTITUTION D. INSIDE CITY LIMITS?
	ng cause; ottend ior to	38 NOW STREET AND NUMBER 1
. 0	- P - d -	malyland university Hospital 2914 GLEdale AKe.
	ontribu ermine regula eased is mod	S. SEX 6. RACR 7. MARRIED NEVER MARRIED 8. DAYE OF BIRYH 9. AGE (In years lost birthday) Months; Doys Hours; Min.
	reg as	WIDOWED DIVORCED 3
+	in ete	done during most of working life, even if retired)
9	in S D in	13. FAYHER'S NAME 14. MOTHER'S MAIDEN NAME
*	(4) U wo the ispos	Kurt-Schreier. Dre.
7 5	dis	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
A	kind deor ce ce	(Yes, pp of unknown) (If yes, give wor or dotes of service) SECURITY NO.
ORT	E -	100 - 216 015084 H2Zel K. Schrejer SAME
0 0	on if	DISEASE OR CONDITION DIRECTLY
IMP	of of of of the	LEADING TO DEATH  (A)IMMEDIATE CAUSE  MYOCAZATAL  (A)IMMEDIATE CAUSE
- 0	ner. A acture prono ulor of mbalm	(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,
OR	act act ulo	injury or complication which coused death.)
CTO	ho ho	ANTECEDENT CAUSES (B) POST GOZT C VOLTO DE PLAGE MENT
W 2	X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
3 2	(3) on on on on on	UNDERLYING CONDITION lost. (C)
D J	burns; (Shysicion n wos ir	Z OTHER SIGNASSICANT CONTRIBUTIONS
A E		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL  VEX. DISEASE OR CONDITION GIVEN IN PART 1 (A).
ER	ody he p sicio	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CEPTIFYING CAUSES OF DEATH?
S	0 4 20	6-26-169 diceuse 165
T å	(2) ere o ph	U 21A. ACCIDENT WAS UNDERLYING 7 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) injury occurs?  (If in Boltimore City, give exact location)
2	A N N N	O 21D YIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR?
- 6	hos notu ept d (6) aine	S OF INJURY (APPROX.)  While At   Not While   At Work   At Work
	by x Z b	22. I certify that (1) (this haspital) attended the deceased fram 6 2 2 - 6 9 19 ta 6 4 2 19 6 9
	f o t o t o t o t o t o t o t o t o t o	that (1) (we) last saw the deceased alive on 17, 2 19 69 and that in(my) (our) opinion death occurred on the date
9	2054	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.
+	eosed ident hospit deot must	23A. SIGNATURE
***		Poston tandin M. D. OEGREE Phys. Director Phys. D 7-3-69
4	s re	23C. PHYSICIAN'S 23D. ADDRESS
÷	the body was reli shows. I) An acc was D.O.A. ot a b deceosed prior to written approval	ROSTAM FARDIN DEGREE UNIVERSITY HOSPITAL.
	PEOD B	24A. BURIAL CREMATION, 24B. DAYE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
9	hows: (1) ras D.O. eceosed	130+12/ 1-1-69 Wood/2WN 132/10 (0 Md
	the body shows: (1 was D.O deceosed	25A. DATE REC'D BY-HEALTH DEPY. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	- 4707	VS 150-REV. 1/1/68  134   1/1/1/68



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X	69	6
	(7.7	- 1

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	9 6852
t. NAME OF DECEASED (Type or Print) FRANKLIN PROBST 2. DATE Known X Month Doy	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  3. DATE  Month  Doy	Yeor Hour
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET (DOA)  OR INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET (DOA)  S. USUAL RESIDENCE (Where deceosed lived. If institution: residence)	7:00 A. M.
South Baltimore General Hospital A. STATE B. COUNTY Maryland	5200
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LI	IMITS?
Male   White   WIDOWED   DIVORCED   Ft. Meade   YES   9. DATE OF BIRTH   10. AGE (In years   If Under 1 Yr. II Under 24 Hrs.   E. STREET AND NUMBER	NO 🗆
22 Sent 92 lost birthdo, Months, Doys, Hours, Min. 7226 "D" Hall Street	
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Peter Propst	
done during most of working life, even firetired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRE	ESS
Les NAVY SECURITY NO. 16505 1524 Raymand Decker Wilks b	erre Pa
19. 4 / R 4 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A)IMMEDIATE CAUSE	e
(This does not mean the mode of dying, e.g., heart follure, asthenia, etc. it means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21.	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21.	AUTOPSY? (Yes or No)
	No
UNDERLYING OR CONTRIB- home, form, fociory, street, office bldg., etc.) INJURY OCCUR?	otion)
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK AT WORK	
23. I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apin	ıl an
resulted from: Natural causes Accident Suicide Hamicide Undetermined manner	
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EYAMINEDIS	4, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or c	county) (Stote)
25A. DATE RECUBY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRE	MA SS
JUI 8 1969 Rubert E. Farber, M.S. Burger Funeral Hom.	e Baltom
VS 151-REV. 1/1/68 9 9 By House Milene 12	

VS 150-REV, 1/1/68



BIRTH NO.	69	685		TE OF DEATH	REG. NO	69 6854	
1. NAME OF DEC	Huie Cu	rvin (	Hugh) (Hue	th) 2. DATE /	AND HOUR OF DEATH		
	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI A. STATE B. COL	here deceased lived. If	institution: residence before admission	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTIT ATION)	UTION, GIVE STREET	Maryland  C.GITY OR TOWN  D. INSIDE GITY LIMITS?			
institution				Baltimore	D. IN	YES TO NO	
35	Church Hom	e & Ho	spital	e. STREET AND NUMBER 286 Mason	Court	11.363 140	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs. Months Doys Hours Min.	
Male	Colored	WIDOWED	DIVORCED	12-25-1892	losy Hithdoy		
done during most of	working life, even if refired)	IVE KIND O	BOSINESS OK INDUSIKI			12. CITIZEN OF WHAT COUNTRY?	
Loborer				marlington, S.C. U.S.A.			
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N.	AME		
	Inknown			Unkno	own		
5. Was Deceased Yes, no or unknown)	lif yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
NO			Jecomii No.	Lamart Kurv	in, S.C.		
18. /_/	2.531		CAUSE OF DEAT	re Cardio V	•	APPROXIMATE INTERVAL	
DISEASES OF THE DEATH OF CONTRIBUTION OF CONTR	ashenio, etc. If means plicotion which caused ANTECEDENT CAUSES of CONDITIONS, if a obove cause (A) CONDITION last.  Il CANT CONDITIONS CO! H BUT NOT RELATED TO THE ONDITION GIVEN IN PART OPERATION 198. CONI WAS PERF IT WAS UNDERLYING TINO CAUSE OF medicol exominer	ony, giving sloling the NTRIBUTING IE TERMINAL 1 1 (A). DITION FOR VORMED	(c) CORO  (B) DUE TO, OR AS  (C) CORO  WHICH OPERATION  PLACE OF INJURY (e.g., in form, foctory, street, of	20A. AUTOPSY? (Yos or h n or about 21C. WHERE DID fice bidg., INJURY OCCUR?	NO) 20B, IP YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX)		Wo	- A1 1101K				
22. I certify	that (1) (this hospital)	ottended t	ne deceased from		101o	19	
that (I) (we)	last sow the decease	d alive on		19ond t		Inlon death occurred on the date	
and hour and	from the causes state	ed obove. (I		lew the body after death.		and the second s	
23A. SIGNATU	RE _	La contra		,		23B, DATE SIGNED	
1/19	reelist.	2 6.16	Dlyn	nding Med.	Staff Phys.		
23C. PHYSICIA NAME (T)	N'S (pe)	10	UEGKEE	23D. ADDRESS	. 11725		
4A. BURIAL CREA	MATION, 248. DATE	24C, N/	OEGREE	MATORY 124D.	LOCATION (C	ily, lown, or county) (State)	
						e, North Carolin	
Burial			orth Side Co				
VOI DOIL RED D	JUL 8 1969		E. Jabes, M.D.	LAE GALL		Home N.C.	
S 150-REV. 1/1/6	8						

7 o e 

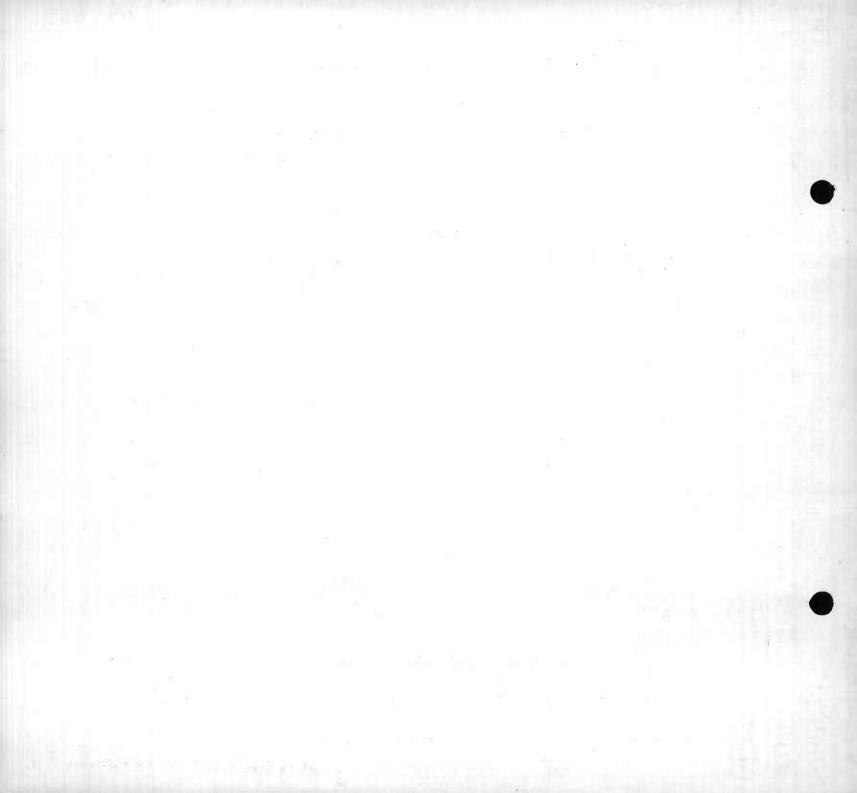
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DIRECTOR:

VS 150-REV. 1/1/6B

The section of the se THE STATE OF THE S there was to be great the He was the same of the same Know Dr Elmy Young the

V\$ 150-REV. 1/1/6B

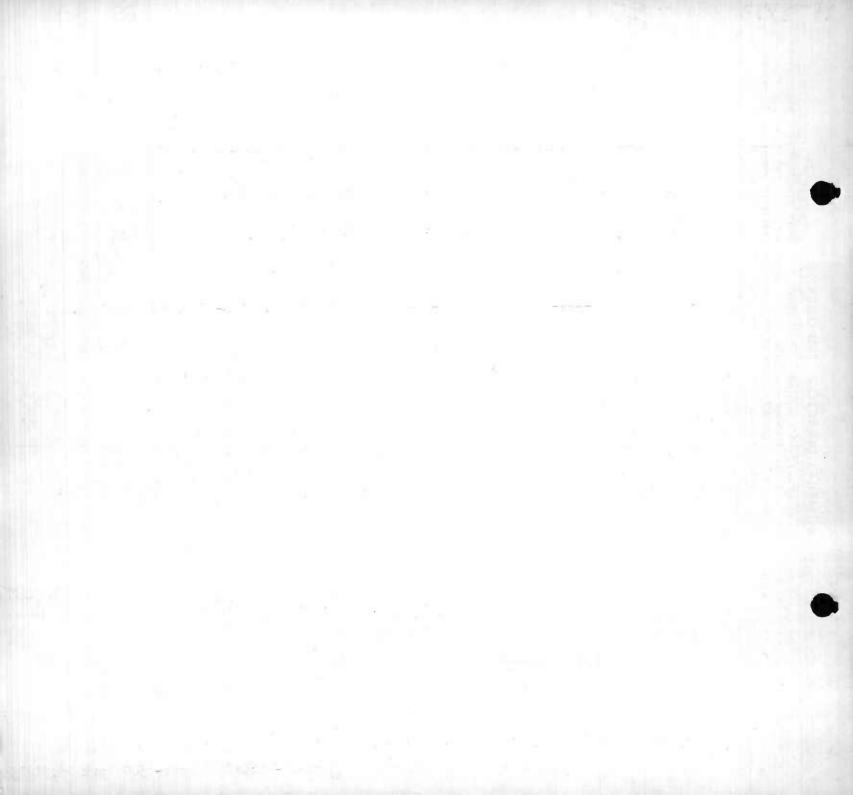


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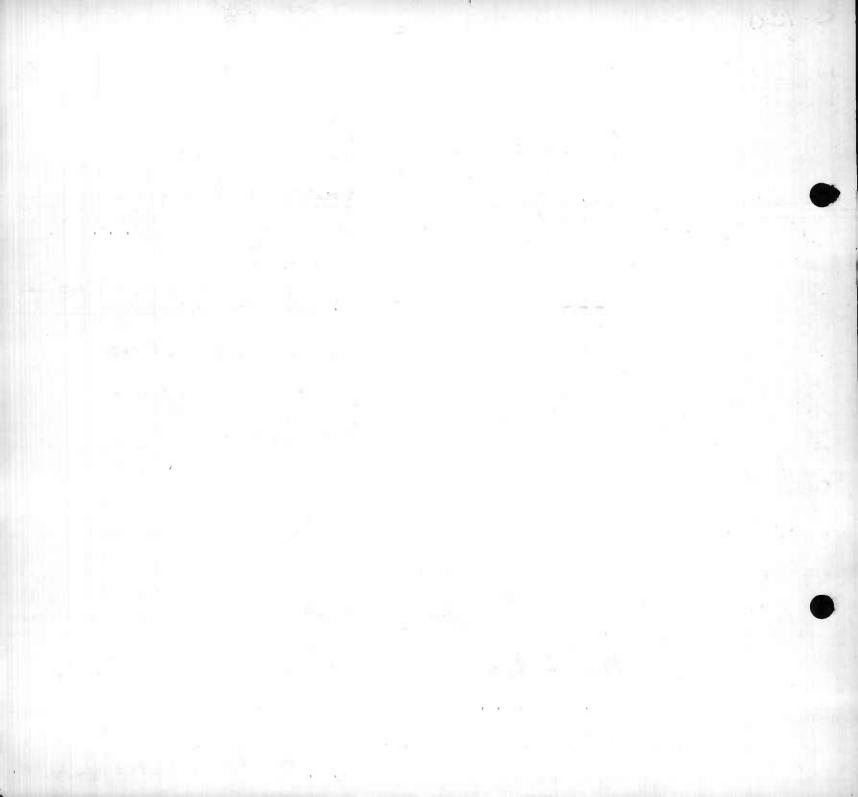
VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

4. USUAL RESIDENCE (Where deceased fived, If institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES Y NO If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? IISA ADDRESS Hiss-5505 Greenleaf Rd BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that lp(my) (aur) apinian death accurred an the date 23B, DATE SIGNED (City, town, or county) ADDRESS tchell-Wiffefeld Home-6500 York Rd. 21212



VS 150-REV, 1/1/68



IMPORTANT

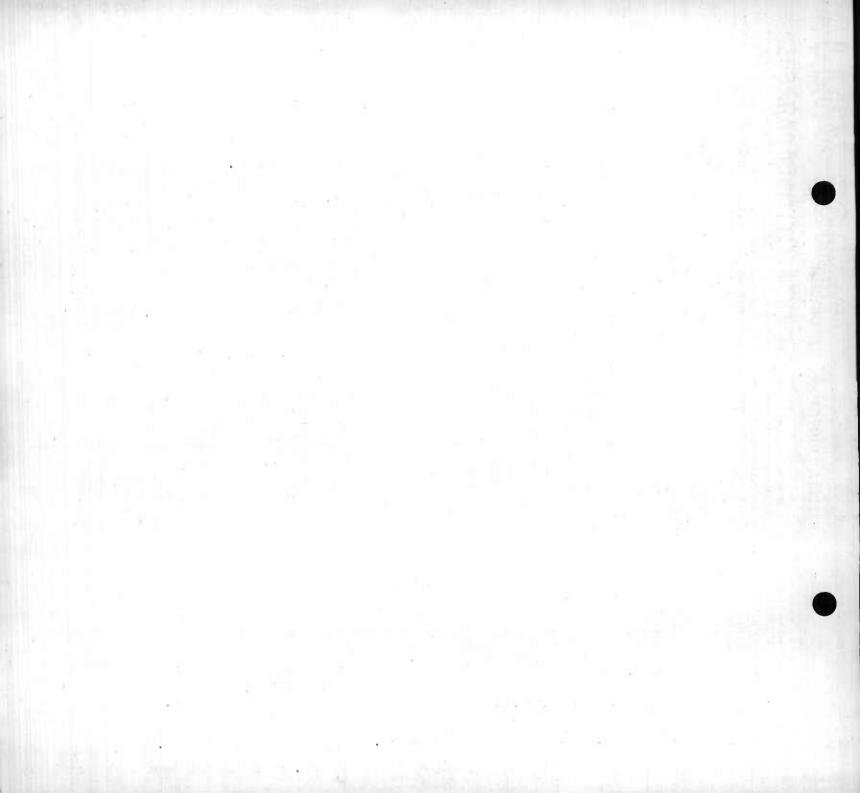
DIRECTOR:

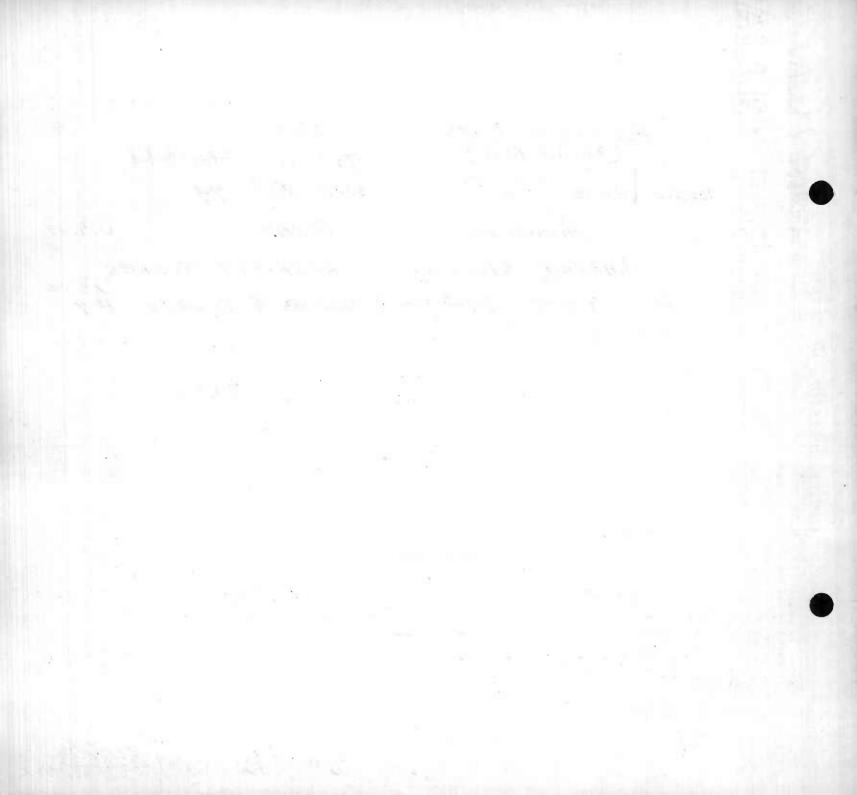
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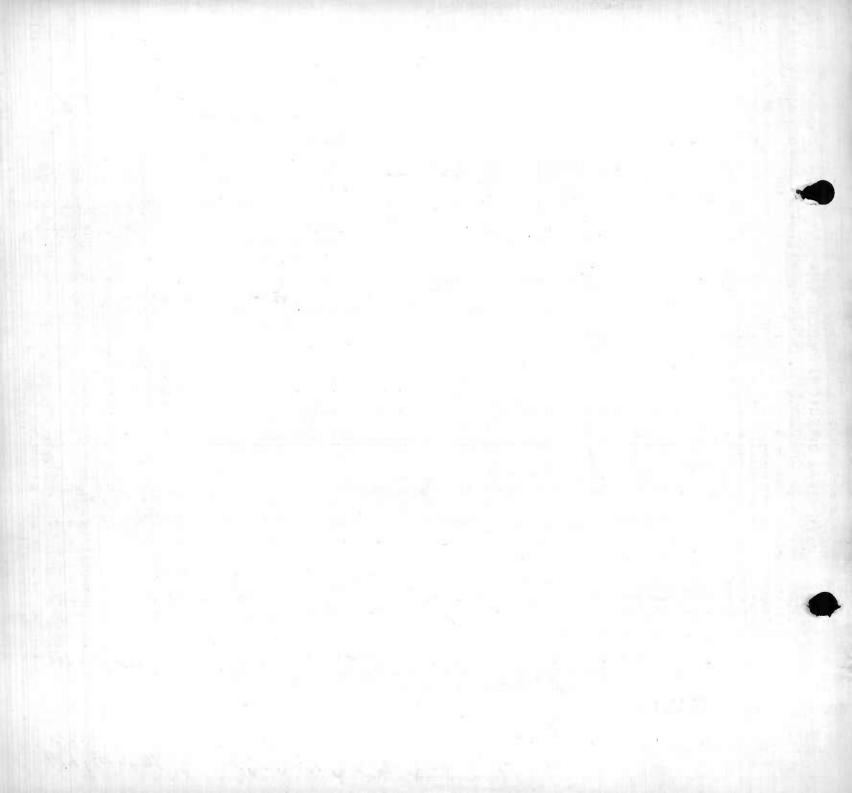
BALTIMORE CITY HEALTH DEPARTMENT

Capital worst restrict applicant





VS 150-REV. 1/1/68



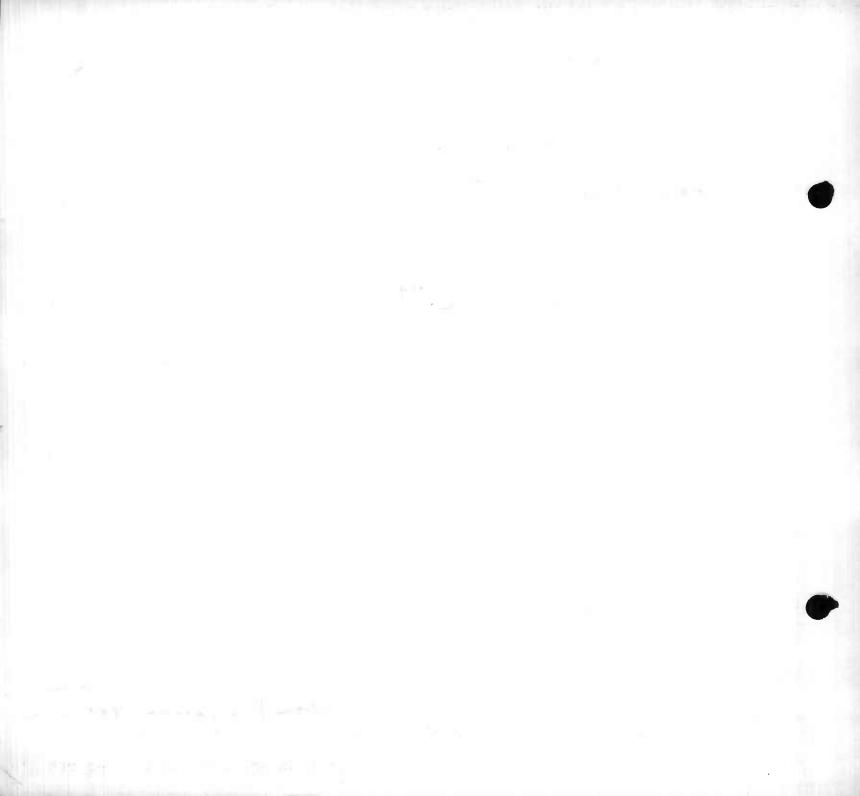
T	)-14(1)	Keleasea	BALTIMORE CITY HEALTH DEPARTMEN	4T X
	20020	69 68	CERTIFICATE OF DEAT	H REG. NO. 69 6863
110	an eat ase th th	THAT OF DECEASED		TE AND HOUR OF DEATH
SEC.	S	Type or Print DOBLE HOWA		To and House of Death
	Do o t	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC		(Where deceased lived, Il institution: residence below admission)
(CD)	S		A. STATE B. C	COUNTY
MBG	d S	FULL NAME OF (IF NOT IN HOSPITAL OR (NSTI) HOSPITAL OR ADDRESS OR LOCATION)	TUTION, GIVE STREET	13ALT. 5300
Marin	0 0 0 0		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
100	- D O - O	JOHNS HOPKINS HOSP	E. STREET AND NUMB	YES NO X
	P.E. S. C.	33		N. ROLLING RO.
	d a b	SEX 6. RACE 7. MADDIED	NEVER MARRIED 8. DATE OF BIRTH	
	T E B	M WIDOWED		last birthday) Manths Days Hours Min.
	0 0 0 5 5	DA. USUAL OCCUPATION (Give kind of work 108, KIND O	F BUSINESS OR INDUSTRY 11. BIFTHPI ACE (State of	or foreign country)   12, CITIZEN OF WHAT COUNTRY?
9	de de constant	one during most of working life, even if refired)	110 518111 42 62 (310) 6	The state of the s
9	Sit is	DENTIST _	· · · · · · · · · · · · · · · · · · ·	Maine USA
-	if d t) u wo wo the pos	S. FAIRER'S NAME	14. MOTHER'S MAIDEN	INAME
- 5	His C	Eugene Doble	s (h	Unknown
W X	0 0 0 0 -	5. Was Deceased Ever in U. S. Armed Forces? (es,na ar unknown) (If yes, give war ar dates af service)	17. INFORMANT	ADDRESS
M	sist the the kir de de	No /		a C Doble Same as #E
Jul	it do do	18. 4 7 1.0 IT E 887 K	CAUSE OF PEATH	APPROXIMATE INTERVAL
D d	and de de	DISEASE OR CONDITION DIRECTLY	A Line	BETWEEN ONSET AND DEATH
: ≧	Als	LEADING TO DEATH	MINDEDIATE CAUSE PRILLIPO	ma. dous
田	0 20 20	(This does not mean the made of dying, e.g. heart failure, asthenia, etc. It means the disease injury or complication which caused death.)	DOE TO, OR AS A CONSEQUENCE OF:	Andrew Control of the
Z G	Propre	injury or complication which caused death.)		
5	frie one	ANTECEDENT CAUSES	MUSEX -1	useuse usas
E	X A A S S	DISEASES OR CONDITIONS, If pro	DUCTO OD 16 4 GOVERNMENT	years.
RE	- 6 (C) E I E	inse (a the above cause (Al stating the UNDERLYING CONDITION last	a chroni alcal	1.0.
INGAT	ical is; cia cia as	The state of the s	(c)	rous years
	die die	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		
PR	Te de la la la la la la la la la la la la la	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	FRACTURE LEF	- FEMUR 6271.
SE	ief dy dy ici	19A. DATE OF OPERATION 198. CONDITION FOR	WHICH OPERATION   20A. AUTOPSY? (Yes	or No. 208. (F YES, WERE FINDINGS CONSIDERED
: 3	BY THE	627 69. WAS PERFORMED	yes	IN CERTIFYING CAUSES OF DEATH?
F.	60 5 p 6	21A. ACCIDENT WAS UNDERLYING 21B	PLACE OF INJURY (e.g., in or about 21C WHERE DI	(If in Baltimare City, give exact location)
×	No od	OR CONTRIBUTING CAUSE OF home of the contribution of the contribut	Home Balt	
B	- G 5 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21D.TIME (Month) (Day) (Year) (Haut 21E		MA 2909 N. ROLLING RD.
ы	9 5 9 0	OF INJURY (APPROX.)		it fell, in home
R.	y n y n y n y n	4 26 69 6pm Wa		
0	## #	22. I certify that (I) (this hospital) attended t		19 69 to 7/3 1969
PR		that (I) (we) lost saw the deceased olive on	19 <u>69</u> an	d that in (my) (our) opinion death occurred on the date
APPRO	de tigat	ond hour and from the causes stoted above. (	) (We) (did) (did nat) view the body after dec	oth.
	3 4 0 5 6	23A. SIGNATURE	4.5	23 B. DATE SIGNED
NO	F 0 1 - + 0	Thomas U Utter	Attending Med. Director	Shoff Phys. 2 7/3/69
	was r was r A. at a I prior	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
SED	An ar Aprior	THOMAS A. O	TIBR MA GOIN.	BROAD WAY BALT MA
S	ertific ody w :: (1) A 3.0.A.	A STIPLAT CONT.	DEGREE	D. LOCATION (City, town, or county) (Stote)
EZ	Dod D.C ase		Druid Ridge	
RELEA	the books: was D. deceas	DA. DATE REC'D BY HEAKTH DEPLO 258 NAME C	OF REGISTRAR 125C FILMERAL DIRECT	Balt Co Maryland
K	This certif the body shows: (1) was D.O.A deceased written ap	ANTO 1303 Accorde	PER REGISTER 25C. FUNERAL DIRECT WING COOK	_ 0212 Balt Nat I Pike
		5 150-REV. 1/1/68	WIO COOK	Brooks West Inc Balt Md 21228



IMPORTANT

FUNERAL DIRECTOR:

	o or Printl		FRAN	icis		JULY	4th 19	TH / O	1 2.40
3. P	LACE IN BALT	IMORE, MARYLAND,	/	-	4. USUAL RESI		deceased lived	If institution	: residence before odmissi
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					MARYL				1410
HO:	SPITAL OR	ADDRESS OR LO	CATION)	MICHOIC, GIVE SIKEE!	C. CITY OR TOV		D. I	NSIDE CITY	LIMITS?
					BAL	TIMORE		YES	
2/	14 TI	HE UNION	MEMORI	AL HOSPITAL	E. STREET AND	NUMBER			
MALE NECON						E 43	3RD 57.		
							AGE (In years	if Un	der 1 Yr. If Under 24 H
MALE NEGRO WIDOWED DIVORCED 10A. USUAL O CCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11.						1-16-	53	Monte	Doys Hours Min.
IOA.	USUAL OCCU	PATION (Give kind of working life, even if retired	ork 10B, KIND	OF BUSINESS OR INDUSTR	11. SIRTHPLACE	(State or foreign	country	12. C	TIZEN OF WHAT COUNT
00110		NowN	"		MARY	LAND			
13. F	ATHER'S NAM				14. MOTHER'S	MAIDEN NAME			
		JAMES	AMOS		REBE	CCA JA	NE		
15. W	Vos Deceosed	Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT				A.D. D. S. C.
(Yes,	no or unknawn)	lif yes, give war ar d	otes of service	SECURITY NO.				4.4	ADDRESS
	yes	W W 2				AMOS		4407	St. George Av.
1	18.48	XI		CAUSE OF DEAT					APPROXIMATE INTERVA
		E OR CONDITION I			use Bron a consequence	ch spread	Lunch d'a		
		il mean the mode		(A) IMMEDIATE CA	USE BYON	Croprod	-1-01000	****	
	heart failure, a	asthenia, etc. Il mea	ns the diseas	e, DUE TO, OR AS	A CONSEQUENCE	OF:		,	
		olication which caus			acule	Pulma	namy ed	ema	
		NTECEDENT CAUS		(8)		·	V		
		R CONDITIONS, if		g DUE TO, OR AS	A CONSEQUENC	E OF:			2 /1
		CONDITION last.	d aloung in	(c)					D. H.
_		11							
TION	OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING	3					
4 II	DISEASE OR CO	NOTION GIVEN IN P	ART 1 (A).	***************************************					
린	YA. DATE OF		ERFORMED	WHICH OPERATION		1.1	N CERTIFYING	RE FINDING	S CONSIDERED
CERTIFIC	IA. ACCIDEN	T WAS UNDERLYING		I DIACE OF INTERNAL	YES	>			
10	OR CONTRIBUT	ING CAUSE OF	ho	B. PLACE OF INJURY (e.g., ome, form, foctory, street, oc.)	iffice bldg., INJURY	OCCUR?	(II In Boltin	nore City, g	tve exact location)
O.		medical examined							
MEDI	D. TIME	(Monthl (Doy) (Yea	,	E INJURY OCCURRED	21F. HO	N DID INJUR	OCCUR?		
-	APPROXI		l W	/hile At   No! Whi	•				
2	2. I certify t	hat (1) (this haspit	al) attended	the deceased from M	ay 19	10	69 to 2	uly 4	15 1962
- 1	that (1) (we) last saw the deceased alive an July 4th 1969 and that in (my) (aur) apinian death accurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.								
2	3A. SIGNATUR	E .		(i) (ue) (aid) (aid not) (	view the body at	rer death.		228 6	TE SIGNED
ſ		1. Caher	V	M.D. AH	ending Me	rd. [7] Sha	ff ES	1	ATE SIGNED
2		1. uma	- F,	gegree Phy	rs. U Dir	ectar Phy	, I	Ju	ly 4th, 1969
4	3C PHYSICIAL	PE /			23 D. ADDRESS				
1	3C. PHYSICIAN NAME (Ty	rs	Tidal	- u. h	7	1 -		Am.	. /
		CABRERA	,	7. M.D.	hui	on n	10- 4-	ial	Horiza
		CABRERA	,	H. D.  DEGREE NAME of CEMETERY OF CR	EMATORY	on 1			or countyl (Stotel
24A.	BURIAL CREM REMOVALIS BUT 18	CABRERA LATION, 248. DATE 12191 7/10	/69 <sup>24C.1</sup>	7. M.D.  DEGREE NAME of CEMETERY OF CR  Tational Ceme	EMATORY		Allon altimore		Hoopel (Stotel
24A.	BURIAL CREM REMOVALIS BUT 18	CABRERA LATION, 248. DATE 12191 7/10	/69 <sup>24C.1</sup>	7. M.D.  DEGREE NAME of CEMETERY OF CR  Tational Ceme	EMATORY etry	Ва	ltimore	e Md	
24A.	BURIAL CREM REMOVALIS BUT 18	CABRERA	/69 <sup>24C.1</sup>	H. D.  DEGREE NAME of CEMETERY OF CR	EMATORY etry	Ва		e Md	
4A. 5A.	BURIAL CREM REMOVALIS BUT 18	TATION, 24B, DATE 7/10,	/69 <sup>24C.1</sup>	7. M.D.  DEGREE NAME of CEMETERY OF CR  Tational Ceme	EMATORY etry	Ва	ltimore	e Md	



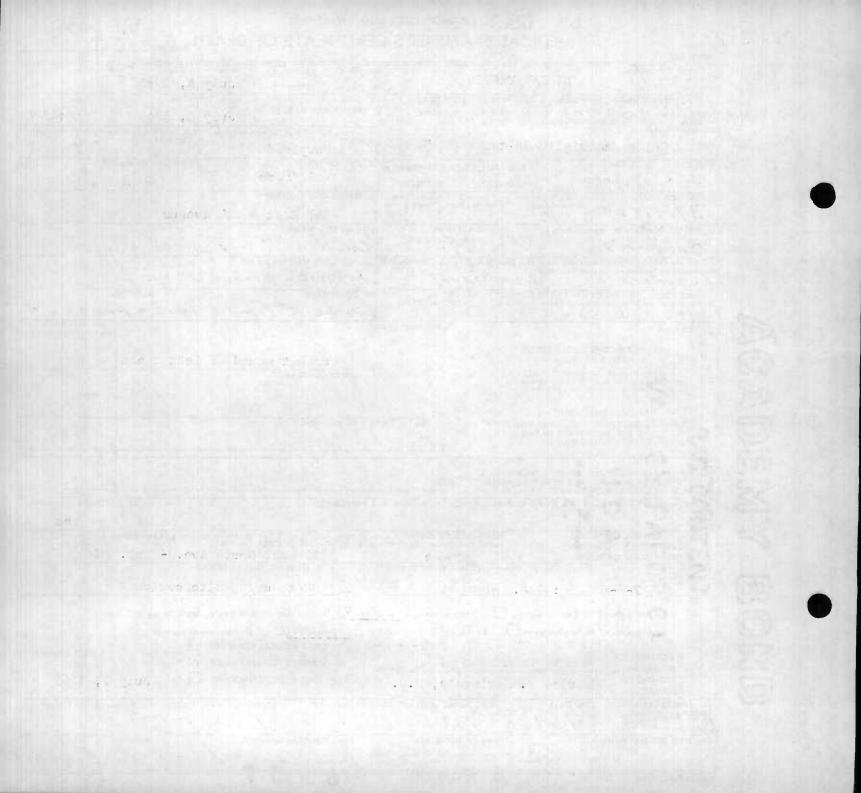
H-616 6-520

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	00 0000
1. NAME OF DECEASED	2. DATE Known X Manth Day	Year Hnur
(Type or Print) FLORINE HARPER (LOMAX)	OF DEATH Estimated	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD  July  5.  USUAL RESIDENCE (Where deceased lived, if institution	1969 10:30 a
422 Laurens St. D.O.A.	A. STATE B. COUNTY	La A A
6. SEX 7. RACE 8. MARRIED WEVER MARRIED [	Maryland C. CITY OR TOWN D. INSIDE CI	TV LIMITS2
Female Negro WIDOWED DIVORCED		
9. DATE OF BIRTH   10. AGE (in years   # Under   Yr, if Under 24 Hrs.		S L NO L
9/10/27   lost birihdoy)   Monihs   Doys   Hours   Min.	422 Laurens St.	
North Carolina 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME John Evans	
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR'	15. MOTHER'S MAIDEN NAME Lula	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	IB. INFORMANT Mr James Rowe 2608 E O.	DORESS liver St
19. CAUSE OF DEA	TH	APPROXIMATE INTERVAL
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AUSE Fatty alteration of the lists a consequence of:  AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or Na)
2/		YES
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. home, lorm, loclory, street, office UTING ☐ CAUSE OF DEATH.	in ar about 22C. WHERE DID (If in Baltimore City, give exact bidg., etc.) INJURY OCCUR?	t locotian)
≥ 22D. TIME (Monih) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY OCCURRED (APPROX.)	22F. HOW DID INJURY OCCUR?	
23. m. WORK AT W	OKK LJ	
	opsy XX and that on this basis, death in my c	
resulted from: Natural causes Accident Suicid	e Homicide Undetermined monner	
ACTUAL SIGNATURE DELL'ALL MAD	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	16.160
ALA BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	y Chief Medical Examiner 7 or CREMATORY 24D. LOCATION (City, town,	7/6/69 or county) (State)
	y Cemetry   A A County	Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DRESS
111 8 1969 moved E. Faiber M.D	Adolphus Halstead 120	6 W north Av
/S 151-REV. 1/1/68	n 0 8 6	N

Hr Januar Royle E Cliver Mc

VS 151-REV. 1/1/68

BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)  LINSAY TRAVIS	2. DATE Known A Month Doy Year Hour OF DEATH Estimoted U July 6, 1969
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Union Memorial Hospital (DOA)	3. DATE Month Doy Year Hour PRONOUNCED DEAD July 6, 1969 10:15 A  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  B. COUNTY
Male Negro WIDOWED DIVORCED POWNER MARRIED NEVER MARRIED POWNER POWNER POWNER POWNER POWNER POWNER POWNER POWNER POWNER POWNER POWNER POWNER POWNER POWNER POWNER POWNER PO	Baltimore  E. STREET AND NUMBER  127 East North Avenue  13. FATHER'S NAME  CV. 11. S TONNUS  15. MOTHER'S MAIDEN NAME  MATTIS WINS GRELY  18. INFORMANT  ADDRESS  CV. 11. S TONNUS  141CW FRANKLINGS  TH
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF;
22A. EXTERNAL CAUSE WAS  UNDERLYING POR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 7-6-69 10:03 A. m. WORK  23.	Yes
25A. DATE REC'D BY HEALTH DEPT. 1969 WHEN SOME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS



IMPORTAN

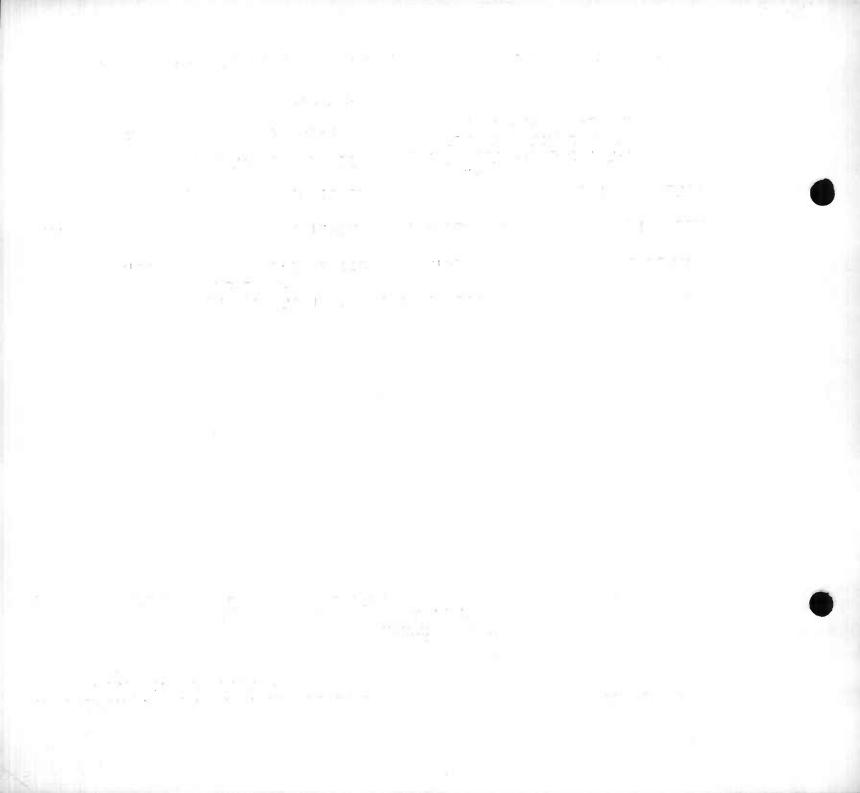
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



	69	686	BALTIMORE CITY			REG. NO.	69 6868		
BIRTH NO.	CEASED	000	CERTIFICA	IE OF		-	0000		
(Type or Print)	WARDS	JAMES	B	YRON	07 0	5 69 6:1			
3. PLACE IN BAL	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL	RESIDENCE (Who	ere deceased lived. If i	nstitution: residence before admission		
FULL NAME OF HOSPITAL OR INSTITUTION	ST AGNES	AL OR INSTITATION) HOSPI		MAR c. city or BAL	YLAND TOWN		2005 SIDE CITY LIMITS? YES NO NO		
	BALTIMORE	MARYL	AVES AND 21229	E. STREET	S. BEN	TALOU ST			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF		9. AGE (In years	Il Under 1 Yo , If Under 24 H		
MALE	WHITE	WIDOWED	DIVORCED T	03 3	1 01	lost birthdoy)	Months Doys Hours Min.		
done during most of	UPATION (Give kind of work working life, even if retired)	108 KIND O	BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (State or fare	ign country)	12. CITIZEN OF WHAT COUNT		
ME CHAN	1 C	AUT	O ME CHANIC	VIR	GINIA		USA		
13. FATHER'S NA				14. MOTHER	'S MAIDEN NA	ME			
	EDWARDS		DECID	DAIS	Y GUY		DEC'D		
(162'ng of hukuomi	Ever in U. S. Armed Ford	es? s ol service)	1 6. SOCIAL SECURITY NO.	17. INFORMA	ANT ST	AGNES	ADDRESS		
ИО			217 01 5227	HOS	PITAL RI				
18. 4.90	2 X		CAUSE OF DEATH	1			APPROXIMATE INTERVAL		
DISEAS	SE OR CONDITION DIR	ECTLY			7	0 1	BETWEEN ONSET AND DEA		
IThis does n	al mean the mode of	dvina. e.a	(A) IMMEDIATE CAU	se Ve	ntre Cu	lar Fibr	ilation		
heart lailure,	IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES  Emphy of complication which caused death.)								
	DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS ACONSEQUENCE OF:								
rise to the	use to the abave cause (A) stating the UNDERLYING CONDITION last, (c) Congestive neart failure								
ONDEKLING	(V)								
O OTHER SIGNIF	II ICANT CONDITIONS CON	TRIBUTING							
S DISEASE OR C	H but not related to th ondition given in part	1 (A).	***************************************						
OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A. DATE OF U 21A. ACCIDEN	OPERATION 198 CONE	ORMED	WHICH OPERATION	20A. AUTO	OPSY? (Yes at No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
. OR CONTRIBU	IT WAS UNDERLYING TINO CAUSE OF medical examined	21 B. hom	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or about 21C	WHERE DID URY OCCUR?	(If to Boltimer	e City, give exact lacation)		
U	(Month) (Day) (Year)								
OF INJURY	theorem (Doy) (real)		INJURY OCCURRED		HOM DID INT	URY OCCUR?			
		Wor	k L At Work						
1 1/	that (N(this hospital)			ULY 5		9.69.10	JULY 5 19 69		
	last saw the deceased		JULY 5	19	69 and the	ot in (max) (our) opli	nion death occurred an the da		
and hour and	from the causes state	ed abave. (	) (Me) (qiq) (क्ष्रकूष्क्रेश्रे 🕺	ew the bady	y after death.				
23A. SIGNAL U	(hamd)	uD	Atten	dina 🗀	Med.	Staff T	23B, DATE SIGNED		
23C. PHYSICIA	N'S		DEGREE Phys.		Director 🗀	Phys. L	7-5-69.		
NAME (Ty	SHAMS			SD. ADDRESS	טרו	LTIMORE	MD 21229		
24A. BURIAL CREA	MATION 248 DATE	24C. NA	ME OF CEMETERY OF CREA	ST AGN		CATION (CI	N & WILKENS AVE		
Bueial	7-0-16	i M.	ا د اد داره داره	4	b   -	altimore	HAPILLAND		
25A. DATE REC'D		25B. MAME O	F REGISTRAR	25C, FUN	ERAL DIRECTOR	M-11YOR E	ADDRESS		
	JUL 8 1969	Jisper	C. Yarber, M.D.	1 tole	1. L. S	chwab "	2101 Fredrick		
VS 150-REV. 1/1/6	-5								



	HEALTH DEPARTMENT
BIRTH NC.	CERTIFICATE OF DEATH REG. NO.
I. NAME OF DECEASED (Type or Print)  ANGELINA BECCIO	2. DATE Known A Manth Doy Year Hour OF DEATH Estimated U July 7, 1969 4:05 A.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted July 7, 1969 4:05 A.M.  3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD July 7, 1969 4:05 A.M.
	5. USUAL RESIDENCE (Where deceosed lived, if Institution: residence before admission) A. STATE B. COUNTY
Union Memorial Hospital	Maryland    C. CITY OR TOWN   D. INSIDE CITY LIMITS?
Fame 1 - This to	
9. DATE OF BIRTH   10. AGE (In years   If Under 1 Yr, If Under 24 H	Irs. IE. STREET AND NUMBER
2/16/75   lost birthday)   Months Doys Hours M	3603 Frankfort Avenue
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF	13. FATHER'S NAME
I taly WHAT COUNTRY?	Nicolas CuittiA
14A. USUAL OCCUPATION (Give wind of work) 148. KIND OF BUSINESS OR INDUS	TRY 13. MOTHER'S MAIDEN NAME
HOUSEWITE HOME	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
19. CAUSE OF D	EATH Decicio
DISEASE OR CONDITION DIRECTLY Arterio	sclerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIA	E CAUSE
heart foilure, osthenia, etc. li meons the disease,	DR AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE	DR AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	re of right clavicle
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  Practu:  20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)  ffice bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 122E INJURY OCCURRE	3603 Frankfort Ave. (inside steps)
	P 22F, HOW DID INJURY OCCUR?
(APPROX.) 7-6-69 9:15 A. m. WHILE AT NORK	or white K Fell down steps
23.	Autapsy and that an this basis, death in my apinian
· · · · · · · · · · · · · · · · · · ·	
Action 2	cide Hamicide Undetermined manner C
ACTUAL SIGNATURE (LAN)	ASSISTANT MEDICAL EVAMINED TO DATE SIGNED
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER July 7, 1969
24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETER	RY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) 7/10/69 Sensed	Houst Bult Md
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MM C man O .	Joseph Misennes 3/2 Stonbleri
- 501 8 1969 Walle & Fall 300	Maria 11 Harrison 163 Junion

 M 2 54

BIRTH NO.	69 68 ME		EXAMINER'S C				KEG. NO.		
I. NAME OF	DECEASED			2. DATE	Known 🗌	Month	Doy	Yeor	Hour
(Type or Print)	WILLIE	McMILLI	AN	OF DEATH	Estimoted 🗌				
4. PLACE IN	BALTIMORE, MARYLAND,	WHERE PROP	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOTIN HOSE ADDRESS OR LO	PITAL OR INSTITU CATION)	TION, GIVE STREET		ESIDENCE (When	July	3,	1969	7:33 a
				A. STATE	ESIDEINCE (When	e aeceosea I	B. COUNTY	n: residence i	O C
	nai Hospital	D.O.A.			Maryland			de 1	88
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?	
Male	Colored	WIDOWED	DIVORCED	Ba1	to.		Y	ES 🗌	NO 🗆
9. DATE OF B	lost birth	dov) Mo	Under 1 Yr. If Under 24 Hrs. onths, Doys, Hours, Min.		AND NUMBER	****			
6-12-20	E(State or foreign country	19	CITIZEN OF	13. FATHER	Wilern A	ve.			
North	Carolina		WHAT COUNTRY?	Josh	McMillia	n			
4A.USUAL OC	CUPATION (Give kind of wo	rk 14B. KIND O	F BUSINESS OR INDUSTR'	15. MOTHE	R'S MAIDEN NA	ME			
	tof working life, even if retire abled	۵)		Ja	nie Carte	ייר			
16. WAS DECE	ASED EVER IN U.S. ARM	ED FORCES?	17. SOCIAL	18. INFOR	MANT	ch	A	DDRESS	
(Yes, no or unkno	(If yes, give wor or dot	es of service)	244-10-6510	Comol	Das as un	1.770	1.72 7	A	
19.	51 1	_	CAUSE OF DEA		yn Brown	4710	Wilern	Avenue	PROXIMATE INTERVA
5	11.81		CAUSE OF DEA					BETW	EEN ONSET AND DEA
DISE	EASE OR CONDITION DI	RECTLY							
(71	LEADING TO DEATH		(A)IMMEDIATE	CAUSE Fat	ty metamo	rphosi	s of the	e live:	r
heart foi	es not mean the mode of lure, asthenia, etc. It means	the diseose,	DUE TO, OR	AS A CONSEC	UENCE OF:				
Injury or	complication which coused	deoth.)							
RISE TO UNDER	ANTECEDENT CAUSES ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) S LYING CONDITION LAST	TATING THE	(B)	AS A CONSE	QUENCE OF:				
Ó			( -/	0					
O THE	II IGNIFICANT CONDITIONS DEATH BUT NOT RELATED	TO THE TERMINA							
DISEASE	OR CONDITION GIVEN IN		D WILL COLOR ATION W	AC DEDECON	AFD			DI ALITO	DEVA (Ves or No.)
E ZUA. DAIL	OF OPERATION 208. C	ONDITION FO	R WHICH OPERATION W	AS PERFOR	VED			ZI. AUIC	PSY? (Yes or No)
_									YES
UNDERLY	TERNAL CAUSE WAS ING OR CONTRIB- CAUSE OF DEATH.	22E hor	B. PLACE OF INJURY (e.g., me, form, foctory, street, office	in or obout te bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(If in Boltimo	re City, give ex	oct locotion)	
≥ 22D. TIM	E (Month) (Doy) (Y	eor) (Hour)	22E.INJURY OCCURRED		22F. HOW DID IN	NJURY OCC	UR?		
OF INJUR (APPROX.)		m.		WHILE					
23.									
	certify that I held on	Inquiry	Inspection Au	topsy X	and that on	this bosis,	deoth in my	opinion	
1									
1			Accident Suicio		omicide 🗌	Undeterm			
1	sulted from: Natural c			de 🗌 H	omicide   CHIEF MEDICAL	Undeterm EXAMINER	ined manner		DATE SIGNED
re ACTI SIGN	JAL JATURE Char			de H	omicide   CHIEF MEDICAL ISTANT MEDICAL	Undeterm EXAMINER EXAMINER			DATE SIGNED
ACTI SIGN EXAP	JAL Char HATURE Char MINER'S	S S	Accident Suicio	de H	omicide   CHIEF MEDICAL	Undeterm EXAMINER EXAMINER	ined manner  XX		
ACTU SIGN EXAI NAM	JAL JATURE WINER'S NE (Type) Charl	es S. Sp	Accident Suicion Suici	de ASS	omicide   CHIEF MEDICAL ISTANT MEDICAL DCIATE MEDICAL	Undeterm EXAMINER EXAMINER EXAMINER	ined manner  XX  Ju	□ ly 3,	1969
ACTI SIGN EXAP	JAL JATURE WINER'S AE (Type) Charl CREMATION,   248. DATE	es S. Sp	Accident Suicio	de ASS	omicide   CHIEF MEDICAL ISTANT MEDICAL DCIATE MEDICAL	Undeterm EXAMINER EXAMINER EXAMINER	ined manner	1y 3,	1969
ACTU SIGN EXAN NAM 24A. BURIAL C REMOVAL (S	JAL JATURE MINER'S AE (Type) Charl CREMATION, 248. DATE	es S. Sp	Accident Suicion Suici	ASS Or CREMAT	OMICIDE CHIEF MEDICAL ISTANT MEDICAL DCIATE MEDICAL ORY 24D	Undeterm EXAMINER EXAMINER EXAMINER LOCATION Balti	Ju (City, townsmore, M	1y 3,	1969
ACTU SIGN EXAM NAM 24A. BURIAL C REMOVAL (S	JAL JATURE WINER'S AE (Type) Charl CREMATION, 24B. DATE pecify) 7/8/	es S. Sp	Accident Suicion Suici	ASS ASS Or CREMAT	omicide   CHIEF MEDICAL ISTANT MEDICAL DCIATE MEDICAL	Undeterm EXAMINER EXAMINER EXAMINER LOCATION Balti	Ju (City, tow	1y 3, vn, or county  Id •  ADDRESS	1969 ) (State)

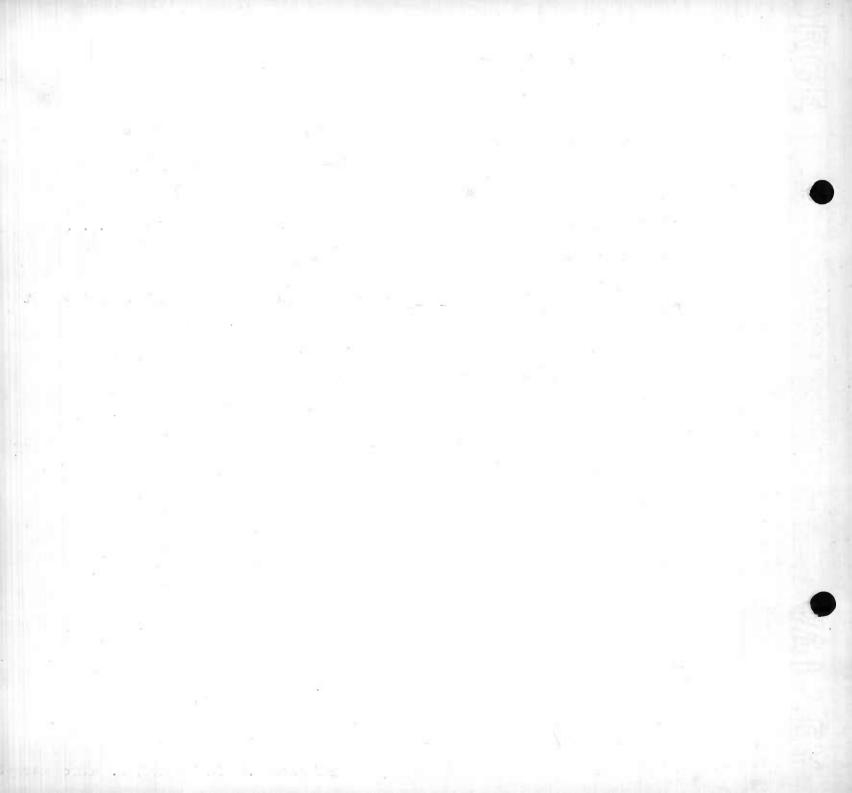
THE STATE OF THE S Manual Control of the THE TO HAVE A STATE OF THE PARTY OF THE PART

FUNERAL DIRECTOR:

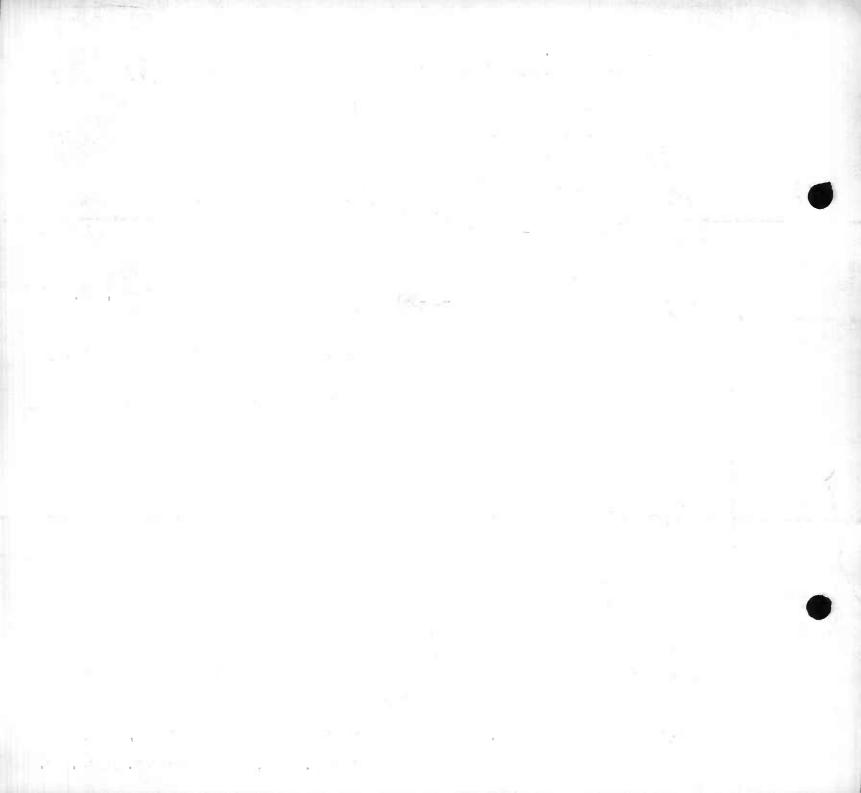
69 6871	BALTIMORE CITY	HEALTH DEPARTMENT	6	0 000:					
69 68/1	CERTIFICA	TE OF DEATH	REG. NO.	9 6871					
I. NAME OF DECEASED			ID HOUR OF DEATH						
(Type or Print) WESTON, John Henry		7-2-	-69	4:40 P M.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	4. USUAL RESIDENCE (When	re deceased lived. Il in	stitution: residence before admission)					
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland CCITY OR TOWN		1502					
Veterans Administr	ation Hospital	Baltimore	D. INS	YES NO					
2 3 3900 Loch Raven Bo	ulevard	E. STREET AND NUMBER		YES NO NO					
Baltimore, Marylan	d 21218	1814 Lorman							
	RIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	Il Under 1 Yr. il Under 24 Hrs. Months, Doys Hours Min.					
	WED DIVORCED	3-4-94	75	Tours Doys					
10A. USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lorei	gn country)	12. CITIZEN OF WHAT COUNTRY?					
Long Shoreman		Annapolas Mary	land	U.S.A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM							
John Weston		Rachel Diggs							
15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) (II yes, give wor or dotes of serv	ice) 6. SOCIAL SECURITY NO.	17. INFORMANT VA HOS	pital Recor	ds Address					
Yes 10-24-17 to 7-26	-19 216-12-56-86	Baltimore, Mar	yland 21218						
18. / 4 / 1	CAUSE OF DEATH			APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH					
	LEADING TO DEATH (A)IMMEDIATE CAUSE Metastatic Carcinoma of								
heart foilure, asthenia, etc. It means the disc injury or complication which caused death.)	If this does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It meens the disease, injury or complication which caused death.								
ANTECEDENT CAUSES									
DISEASES OR CONDITIONS, if any, gi	ving (B)	A CONSEQUENCE OF:							
nise to the above couse (A) slotting UNDERLYING CONDITION tast.	[119								
	(C)	***************************************							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINI DISEASE OR CONDITION GIVEN IN PART 1 (A).  199A. DATE OF OPERATION 199B. CONDITION I WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING TO	NG NAL								
DISEASE OR CONDITION GIVEN IN PART 1 [A).		20A. AUTOPSY? (Yes or No)	20R IS VEC WEEK	ENDINGS CONSIDERED					
WAS PERFORMED		No	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofily modicol exomined)	218 PLACE OF INJURY (e.g., in home, lorm, loctory, street, office)	or obout 21 C. WHERE DID INJURY OCCUR?	(il in Boltimore	e City, give exact location)					
OF INJURY (Month) (Doy) (Year) (Hour)	21 E INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?						
(APPROX.)	While At Work At Work								
22. I certify that (X) (this hospital) attend	ed the deceased from J1	me 24. 1	969 to July	2. 19 69					
that (M(we) last saw the deceased alive	on July 2,	19_69and the		nion death accurred on the date					
ond hour and from the couses stated above	e. 如 (We) (did) 如政府科 vi	ew the bady after deoth.							
23A. SIGNATURE				23 B. DATE SIGNED					
6 /	DEGREE Phys.	ding Med. Director	Staff Phys.	July 3, 1969					
23C. PHYSICIAN'S NAME (Type)	un 2	3D. ADDRESS	h Raven Bou						
YOUNG E. CHUN,	DEGREE	Baltimor	e. Maryland						
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	C. NAME of CEMETERY OF CREA	MATORY 24D. LO	CATION (Cit	y, town, or county) (Stote)					
Burial 7/7/69	Baltimore Natio	nal Ba	altimore, Ma	arvland					
25A. DATE REOD BY BOOK H DERTON		4							
5670 1000	VISOS NEGLICIAN	Arlington S.	Phillips 1	727 N. Monroe Street					

No. 196 e e 

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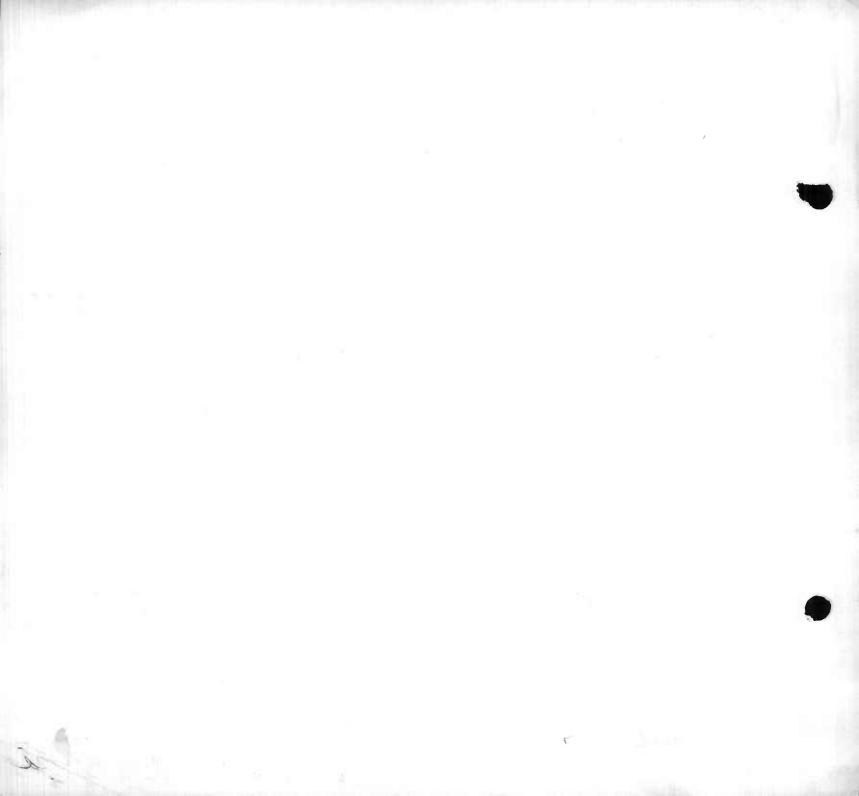
CO COMO BALTIMORE CITY HEALT	
(Live of Pant)	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USL	JAL RESIDENCE (Where deceased lived, II institution residence before demission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	D. COUNTY Baltimore OCNTY OR TOWN D. ID. INSIDE CITY LIMITS?
0-	erlea YES NO NO
E. STR	EET AND NUMBER  2 FLMONT AVE
SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE   WIDOWED   DIVORCED   1.	OF BIRTH  9. AGE (In years lif Under 1 Yr. If Under 24 His. Months: Doys Hours Min.
10A. USUAL O CCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRT	HPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Dock Form AN- Freightways	MD. U.S.A.
13. FATHER'S NAME	THER'S MAIDEN NAME
THE CHOWN C	ELIXIA SIARKWSKI
(Yes, no offunknown) (If yes, give war ar doles af service)	Wife)  Baltimore, Md. 21206  LEN ZELE CHOUSE, Za ELMONT
10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	i )
heart failure, asthenia, etc. It means the disease.	QUENCE OF: SEPSIS
ANTECEDENT CAUSES ACTIVE	LYMPHOCYTIC LEUKEMIN 3 YRS
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONS	
UNDERLYING CONDITION last, (C)	
z II	
F TO THE DEATH BUT NOT RELATED TO THE TERMINAL	WB.
199A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A.	AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 1218 PLACE OF INJURY (e.g., in or about	121C WHERE DID # 15 to Bolton City
OR CONTRIBUTING CAUSE OF hame, form, factory, street, affice bldg.	INJURY OCCUR? (If in Boltimore City, give exact location)
II TE INTERIOR CONTINUE CONTIN	21F. HOW DID INJURY OCCUR?
Work   At Work	
22. I certify tha (1)(this hospital) attended the deceased from	1969 1969
that (1) (we) last saw the deceased alive an	and that in(my) (aur) apinion death accurred on the date
and haur and from the causes stated above. (1) (We) (did) (did nat) view the	
Bruce Flee on M. D. Attending Phys.	Med. Staff Phys. 238, DATE SIGNED
Bruce Fleegler M.D. 1	1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY	240. LOCATION (City, town, or county) (Stote)
Burial 7/9/69 St. Stanislaus Cemete	ry Baltimore, Maryland
	hn J. Duda 2829 Hudson St. Balto. Md.
	BIBTH NO.  I. NAME OF DECEASED FOLIX S. (Phillip) Zolochowski (2  I. NAME OF DECEASED FOLIX S. (Phillip) Zolochowski (2  I. PLACE IN BALTIMORE, MARKLAND, WHERE PRONOUNCED DEAD  A. STA  FULL NAME OF ADDRESS OR LOCATION  INSTITUTION OF ADDRESS OR LOCATION  INSTITUTION OF ADDRESS OR LOCATION  INSTITUTION OF ADDRESS OR LOCATION  INSTITUTION OF ADDRESS OR LOCATION  INSTITUTION OF ADDRESS OR LOCATION  INSTITUTION OF ADDRESS OR LOCATION  INSTITUTION OF ADDRESS OR LOCATION  INSTITUTION OF ADDRESS OR LOCATION  INSTITUTION OF ADDRESS OR LOCATION  INSTITUTION OF ADDRESS OR LOCATION  INSTITUTION OF ADDRESS OR LOCATION  INSTITUTION OF ADDRESS OR LOCATION  III OLIVER'S NAME  III OLIV



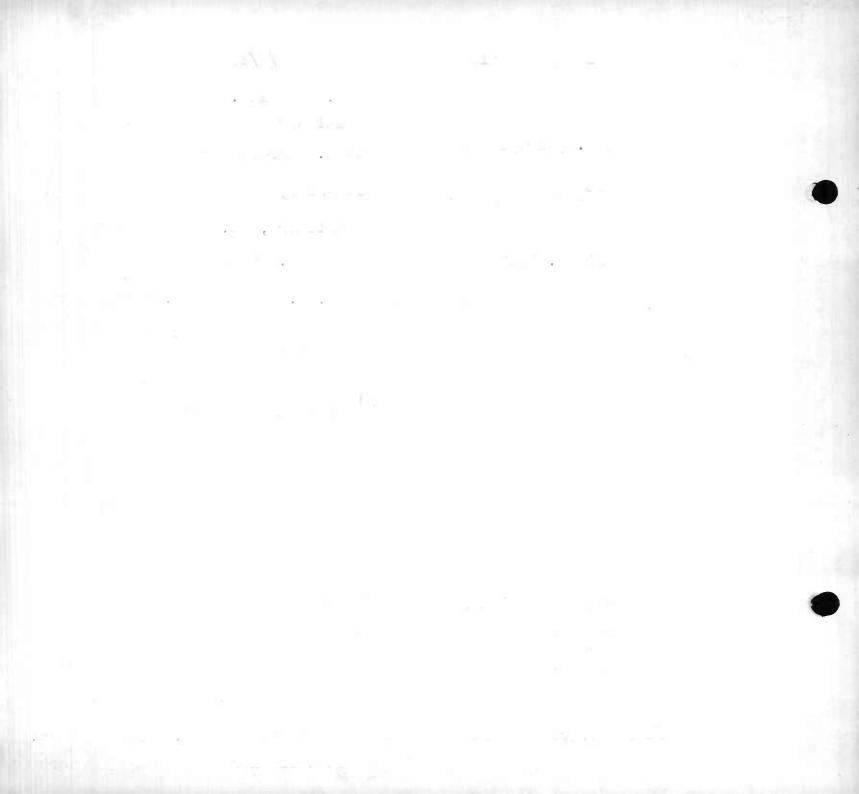
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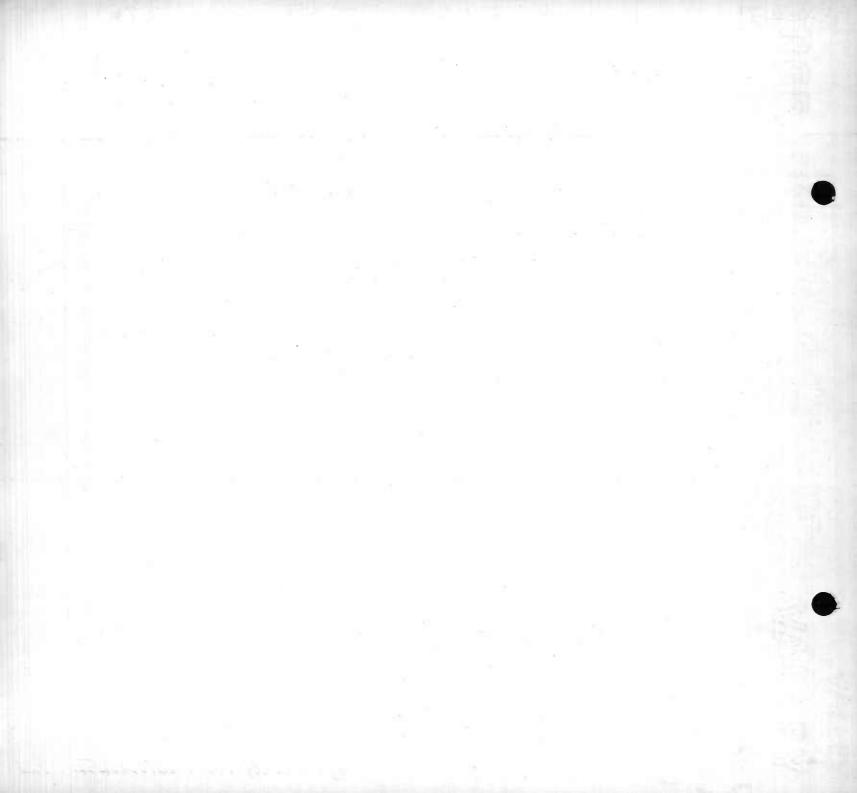
	69	6874	BALTIMORE CIT	Y HEALTH DEPARTMENT		00	0004
BIRTH NO.		00,1	CERTIFICA	ATE OF DEATH	REG. NO	69	6874
I. NAME OF DEC				2. DATE	AND HOUR OF DEATH	1	
2 24 4 22 44 244	MOORE	AMANDA	L.		17/69		10.45 p
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOUNC	ED DEAD	A. STATE B. CO	Where deceased lived, If i	institution: reside	nce before admissio
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTIO	N. GIVE STREET	MARYLAND 1	BALTIMORE	2.7	44
NOTITUTION	ADDRESS OR LOCA	K IION)		C. CITY OR TOWN		SIDE CITY LIMITS	5?
10.	1	0 .11		BALTIMORE		YES 🕝	ио 🗌
Union	memoir	al Kosy	pital	E. STREET AND NUMBER	DUENUE 3	2//0	
SEX	6. RACE	7- MARRIED TO	VEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		Y. 11.14 1 04 11
FEMALE	WHITE	WIDOWED	DIVORCED []	7-13-02	lost birthdoyl	Months Day	rs Haurs Min.
OA, USUAL OCC	UPATION (Give kind of work		INESS OR INDUSTR	1 11. BIRTHPLACE (Stote or	oreign countryl	112 CITIZEN	OF WHAT COUNT
one during most of	working life, sysn it rsilred)	No					
3. FATHER'S NA		1,0	146	MARYLAN-		UNITE	D STATES
		~ O o / %					
	LEARY DES			RACHEL			
es, no or unknown	Ever in U. S. Armed Far- ilf yes, give war ar date		SOCIAL SECURITY NO.	17. INFORMANT	n 5	907 0	DRESS
n	0	2).	5-30-0060	CHARLES !	lichter	, ,	21214
18.4/0	91		CAUSE OF DEAT	H	1011	AP	PROXIMATE INTERVAL
DISEAS	E OR CONDITION DIE	ECTLY			INI	BETW	EEN ONSET AND DEA
DISEASES O	plication which caused ANTECEDENT CAUSES R CONDITIONS, if a above cause (A)	inv. giving	(B)	A CONSEQUENCE OF:	***************************************		P-0-11-11-11-11-11-11-11-11-11-11-11-11-1
UNDERLYING	CONDITION lost.	siding the	(c)	N			
OTHER SIGNIFICATION	CANT CONDITIONS CON	ATRIBUTING F TERMINAL					
L (DISEASE OR CO	ONDITION GIVEN IN PART OPERATION 198 CONT	1 (A).	U Observation	1204	W W = 12		
19A-DATE OF	WAS PERF	DRMED	- OFERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CON USES OF DEAT	ISIDERED H?
OR CONTRIBU	TWAS UNDERLYING THING CAUSE OF	21 B. PLAC hame, far	E OF INJURY (e.g., im, foctory, street, o	n or about 21 C. WHERE DID	(II in Boltimer	e City, give exo	ct location)
21D. TIME OF INJURY	(Month) (Day) (Yearl	(Hour) 21E INJU	IRY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
(APPROX.)	-	While At	Not While	• 🗖			
22. I certify	that (1) (this hospital)				1969 to /u/	. 7 ]	12.60
	lost sow the deceases		Luly 2 and	1 2 0		/	19.0.7
4				lew the bady after death	that In (my) (our) opli	nion deoth oc	curred on the dat
23A. SIGNATU	RE / / A	//	,	iew the bady after death	le	238, DATE SIG	NED
	1. Celrus	V.	Oh	nding Med.	Staff Phys.		2-69
23C. PHYSICIAN NAME (Ty	PO POLICA BRERA	M.D.	DEGREE	23D. ADDRESS		SPITAL	
A. BURIAL CREA	ATION, 248, DATE	24C, NAME 6	DEGREE OF CEMETERY OF CRE			ty, lawn, or cau	nty) (State)
Burist	2/7/6	9 Balte	. nation	of Cem. X	Baltimore	mary	1
NO DATE REC'D	JUL 8 1969	NAME OF REC	Walley M.D.	25C. FUNERAL DIRECTO	911 79	401 Be	DDRESS Rd



VS 150-REV. 1/1/68

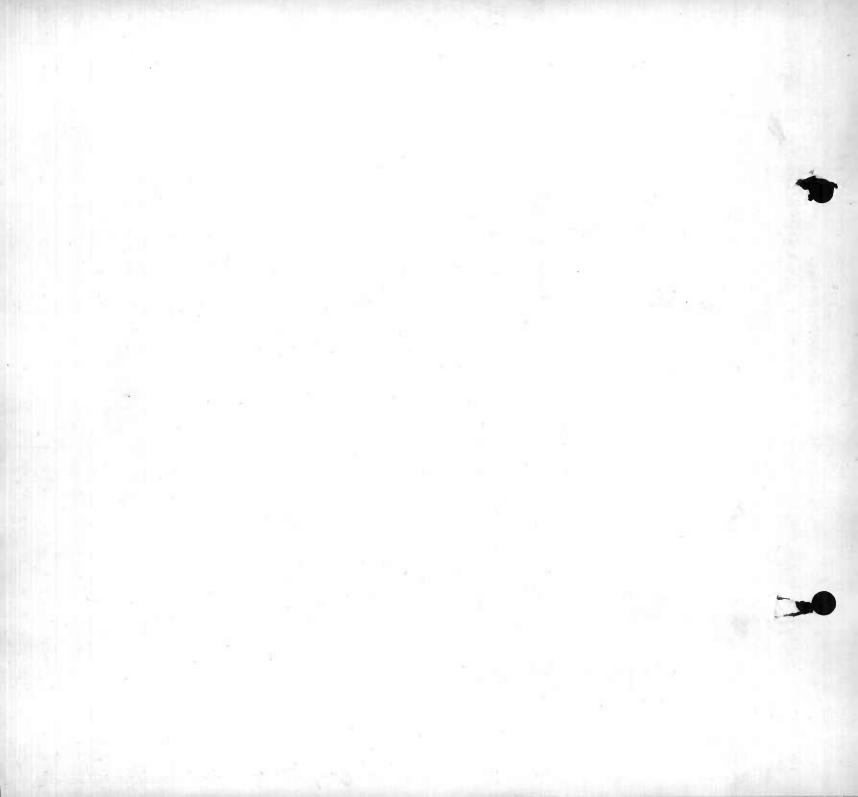


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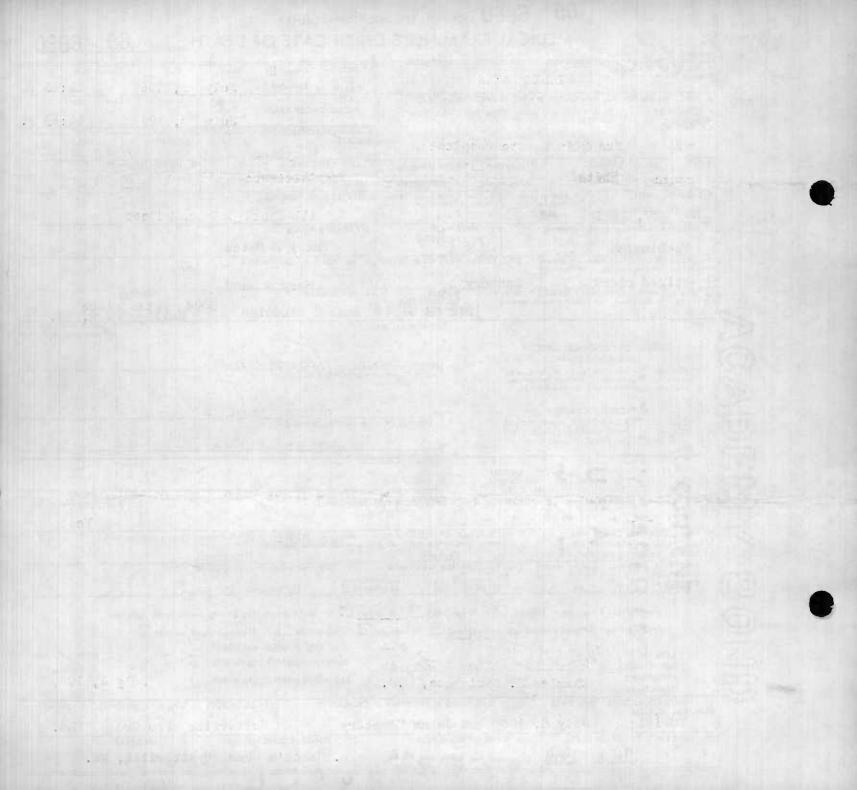


BIRTU NO.		Y HEALTH DEPARTMENT  ATE OF DEATH Registered N	. 69 6878
BIRTH NO.  M.E. CASE NO.  1. NAME OF DECEASED	6878 CERTIFICA		/
and the state of t	H. Martin	2. DATE AND HOUR OF DEA	4 /619 5P.
3. PLACE OF DEATH IN BALTIMORE, M.	ARYLAND	4. USUAL RESIDENCE (Where doceased lived, I	f institution: rosidonce before admissio
FULL NAME OF (If not in hospitol	or institution, grvo stroet	Md.	1306
HOSPITAL OR oddress or location	on)		te RURAL and give township)
3344 Hickory	Ave.	Baltimore D. STREET ADDRESS (If rurol, give location)	
JJ44		3344 Hickory Ave.	
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yoors lost binhday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
Male White	Widowed	1/2/1880 89	
OA. USUAL OCCUPATION (Give kind af wo done during most of working life, even if retired)		111. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
Beiler Werker	Penn Central	Md.	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Richard Marti		? Rebinson	
5. Was Deceased Ever in U. S. Armed Fo Yas, no or unknown) (If yes, give war or do	tes of service) SECURITY NO.	17. INFORMANT	ADDRESS
No	717-07-715		
1B. 4/24		OF DEATH authoritester Ca	ONSET AND DEATH
DISEASE OR CONDITION DE		ASCUD + Congre	ster of 400
(This does not mean the made a heart failure, osthenia, etc. It meon		8	The second second
injury or complication which cause		fullur	1
ANTECEDENT CAUSE	S (B)	01 0 1-	**************************************
DISEASES OR CONDITIONS, if		Chioun browled	2 yea
UNDERLYING CONDITION last.		+ Cup hyper	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE		
U 19A, DATE OF OPERATION 19B, COL	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED
THE CONTRACTOR OF THE CONTRACT			CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR?	nore City, givo exact location)
OF INJURY (Month) (Doy) (Year)		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Whi Work At Work		
22. I certify that (I) (MIDE MORESTO	(I) attended the deceased from	Jun 19 195/10	July \$ 19 6
that (1) (%) last sow the deceas	ed alive on Sale	19 6 9 and that in (my) (app) a	spinion death occurred an the a
	ited above. (1) (%) (did) (d72%)	view the body after deoth.	
23A. BIGNATURE	11: 000		23 B. DATE SIGNED
lonard (	Calluslin Phy		7/5/07
23C. PHYSICIAN'S NAME (Typo)	5 1	23D. ADDRESS	the later with
4A, BURIAL CREMATION, 1248, DATE	WALLENSTRA	1848 N 36	AT 13 HE 10 11
REMOVAL (Specify)			(City, town, or county) (State
Burial 7/7/6	9 Woodlawn Come	tery Baltimore,	ADDRESS
JUL 8 196	258. NAME OF REGISTRAP	Ann Donovan - 3818	
'S 150-REV. 1/1/65	4 9 9 9 15	6 6 6 9	

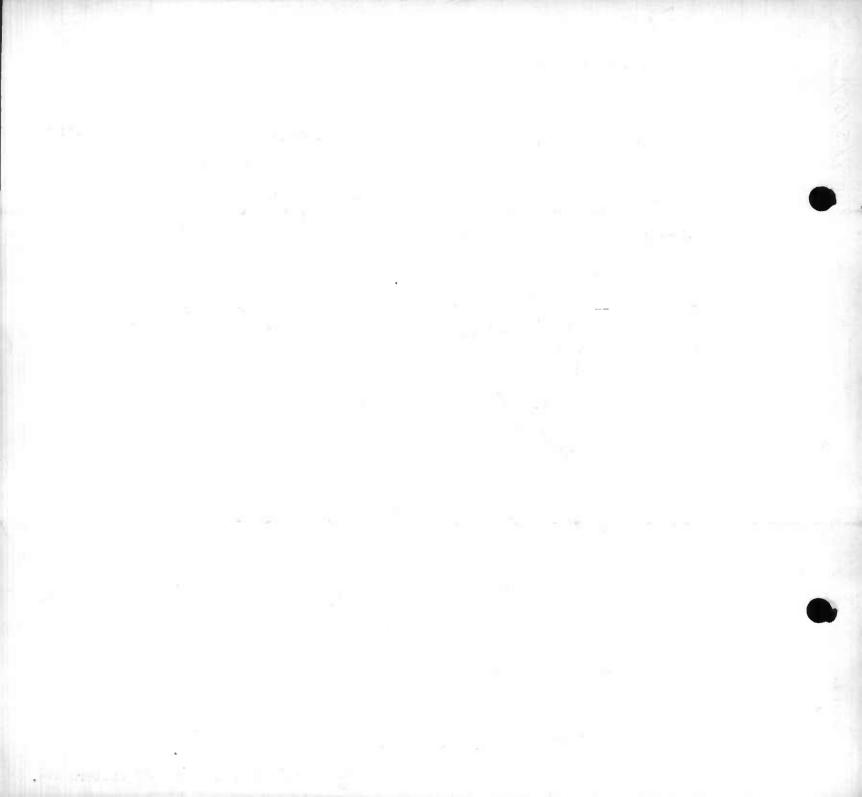




P	TH NO.		MED			XAMINER'S			OF DEA	TH REG. NO.	65	6880
1.	NAME OF DE	CEASED					2. DATE	Known	K) Month	Doy	Yeo	or Hnur
(Tyl	e or Print)		LILL	IE BA	TES		OF DEATH	Estimate	_		69	11:15 PA
FUL	L NAME OF	(IF NO	T IN HOSPITA	AL OR INS		OUNCED DEAD ON, GIVE STREET	3. DATE	UNCED DEA	Month	Doy	Ye	or Hour
	SPITAL INSTITUTION	ADDR	ESS OR LOCA	TION)			5. USUAL F	ESIDENCE	Jul (Where deceased			11:15 Pa
	36		klin S			spital	A. STATE	Mary1		B. COUNTY	19	902
6. 5		7. RACE Whit			_	NEVER MARRIED	C. CITY OF		ma 14 a	D. INSIDE C	ITY LIMIT	TS?
	emale	-		WIDOV			c cancer	Balti		Y	ES 🗓	NO 🗌
	May 27.		10. AGE (II	y)		nder i Yr. It Under 24 Hrs. ths, Doys , Haurs , Min.	E. SIKEEI	AND NUME		houn Str	eet	
11.	BIRTHPLACE (		n country)			ITIZEN OF	13. FATHER	'S NAME				
	Washin	gton I	C		U	S A		Emory F	I Bates			
I4A done	USUAL OCCU	PATION (Giv	e kind of work en if retired)	14B. KIND	OF	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN	NAME			
	Retired	clerk			ind			Mary	A Read			
	WAS DECEAS					17. SOCIAL SECURITY NO.	18. INFOR	MANT			DDRESS	
-	no					212 52 5864		C Rand	lolph	5004 Eut	ge P	ark, Md.
	19. ES	57X				CAUSE OF DEA	TH					APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		E OR COND		CTLY								
Н		of meon the		Ina. e.a		(A) IMMEDIATE O			neumonia	1		
	heart foilure	, osthenio, etc aplication whi	. It meons the	diseose,		DUE 10, OK /	13 A CONSEC	VUENCE OF:	1			
		NTECEDENT		CIVING		(B)			hemator	na		
	RISE TO THE	OR CONDITI	USE (A) STA	TING THE		202.0,00	NO N GOTTSE	GOLINCE OF				
2	ONDEACH		1014 EA31.			(c)						
Ě	OTHER SIGN	IIFICANT COI	II	ONTRIBLI	ING							
CERTIFICATION	TO THE DE	CONDITION	RELATED TO	THE TERM	INAL							
FR						WHICH OPERATION WA	S PERFORA	NED	•		21. AL	JTOPSY? (Yes or No)
Ö	2/5-6	5-69	Subd	ura1	her	natoma						Yes
3		NAL CAUSE	WAS		22B. F	PLACE OF INJURY (e.g.,	in ar about	2C. WHERE	DID (II in Boltis	nare City, give ex	act locatio	
E E	UNDERLYING UTING CA				nome	, farm, factory, street, office Unknown	bldg., elc.) 1	NJURY OCC	Unkno	own C	0-	-00
Σ			oy) (Year	) (Hou	) 2	TE INTITION OCCUPPED	8	2F. HOW D	ID INJURY OC			
	(APPROX.)	Unkno	wn		m. W	VHILE AT NOT	WHILE S	Pre	sumably	fell		
Н	1 cert	ify that I h	eld on 1	nquiry [		Inspection Au	apsy X	ond that	on this basi	s, deoth In my	opinia	n
	resul	ed from: N	loturol cou	ses 🗔	A	ccident Suicid	•   H	omicide 🗌	Undeten	nined manner		
		1	1	0		17 . 1		CHIEF MEDI	CAL EXAMINE			
	SIGNATI	1 V	w.	1 )	10	Jod An	ASSI	STANT MED	CAL EXAMINE	· 🔼		DATE SIGNED
	EXAMIN NAME (1	ER'S	Charle	s S.	Spi	ringate, M.D.	ASSC	CIATE MEDI	CAL EXAMINE		Ju1y	4, 1969
	BURIAL CRE	MATION,	4B. DATE		24	C. NAME of CEMETERY	or CREMATO	ORY	24D, LOCATIO	N (City, tow	n, ar cou	nty) (State)
KE	Buria:		July 8	. 196	9	St Johns Cem	eterv		Beltsvi	lle Pro	Gen	Md.
254	. DATE REC'D					OF REGISTRAR		FUNERAL DI			DDRESS	
		8 1111.	1969		ا کال	E. Jaber M.D.	F.	Gasch t	s Sons	llyattsvi		
VS	151-REV. 1/1/68	1 4/3		1	16	987	10	8 7				



7.5		69 6881 BALTIMORE CITY HEALTH DEPARTMENT 69 6881
8	2002	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
F	and eath ased the Such	1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH
N	_700 =	(Type or Print) CARRIE G. SMITH 7-3-69 S:45 AM.
1	0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where decoased lived, Il institution: residence before admission)  A. STATE  B. COUNTY
01	se o (5) D ance deat	FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET WAY CKOV Baltimore
10		HOSHTAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
10	- 50	THE UNION NATINGLIAL HOSPITAL ESSEX 21221 YES NOOSOX
	nting d can r att	
1	F 3 0 8 B	
311	ntribu rmine egulai ased	Manthei Days House Min
2,4	occur ontrik ermin regul eased is ma	TOWNER OF MINORESES SHOKES
	or condeterndets in dece	done during most of working life, even if setred
1	or or or or or or or or or or or or or o	Housewife Home - MKKS UKOD ATATKICAD
. 3	if dect 4) U wa the pos	13. FATHER'S NAME
3 =	L 0	LOUIS LONHMANN MRS. MARGARET LINGELBACK
A A		15. Was Deceased Ever in U. S. Armed Farcas? (Yes, no or unknown) (If yes, give wor or doles of sarvica)  16. SOCIAL SECTION NO.
2 5	the the dea	No 33/36.0639 Margaret Dellinger Same
Cyan	ë # € 6 5 5 5	18 8 7 XI VYORANGE CAUSE OF DEATH > ACUTE MYOCALDIAL IDEA SETWEEN ONSET AND DEATH
B B	N DOC	DISEASE OR CONDITION PRECELY WAY OF STATE OF THE PROPERTY OF T
. 4	Also, re of a nounc atten	LEADING TO DEATH 1014 A TO THE CALLET
3 ::	L . 3 0 L B	(This does not mean the made of ching, As A CONSEQUENCE OF: heart foilure, asthenia, etc. If means the disease injury or complication which courses death)
Ph ECTOR	E 5 2 E	ANTECEDENT CONSESSION WHICH EOUS ANTECEDENT CONSESSION OF LEFT FEMUR
9 1	A fr	DISEASES OR CONDITIONS, of giving  (B)
RE	3) / W	rise to the obove couse AAA Afoling the
3.5	medical ledical burns; (shysician in was i	UNDERLYING CONDITION IOSI.
47	lico lico rus sic wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
\ \ \	bound by hy	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OISEASE OR CONDITION GIVEN IN PART 1 (A).
LINER	d dy dy he he	U 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 120A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIINO CAUSES OF DEATH?
SI	the the	TRACTURE OF CHAIL TOWNER
2 1	tal by: (2) here do ph	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
7	by the life; (whe whe do be	S DEATH (notify medical examiner) atc. 17 Orace 1631 Rous Rous 3 3 - 66
Sel	4 6 5 > P	21D. TIME (Manth) (Day) (Your (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
#	oved b hos cept cept nd (6	(APPROX.) 6 - 7-69 While At At Work At Work
8	これ アメビゼ	22. I certify that (I) (this hospital) altended the deceased from 6-1- 1969 to 1-3 1969
	ap to the to the of ar (e al (e be o	that (1) (we) lost sow the deceased alive on 5 45 Att 19 7-3-64 and that in (my) four) opinion death occurred on the date
3	-08-4	ond hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death.
S.	T = 0 VI = -	23A. SIGNATURE (23B. DATE SIGNED
7	eleccides to to to to al m	JORE W- de LLON WATER Shys. Director Phys. J 7-3-69
d		23C.PH/SICIAN'S 23D. ADDRESS
2	was r was r An a Ar at o prior	JOSE M. VE LEON, MUJ UDIOD MEMORIAL DOSPILAR
4	A A B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
12	od od D.O. D.O.	5 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Por	This cer the bod shows: was D.( decease	25A. DATE REC'D BY HEALTH DENGG 255. NAME OF REGISTER 25C. TURERAL DIRECTOR ADDRESS ADDRESS BY REALTH DIRECTOR BY BY BY BY BY BY BY BY BY BY BY BY BY
17	This the show was dece	DULO 1909 Lastern Ave.
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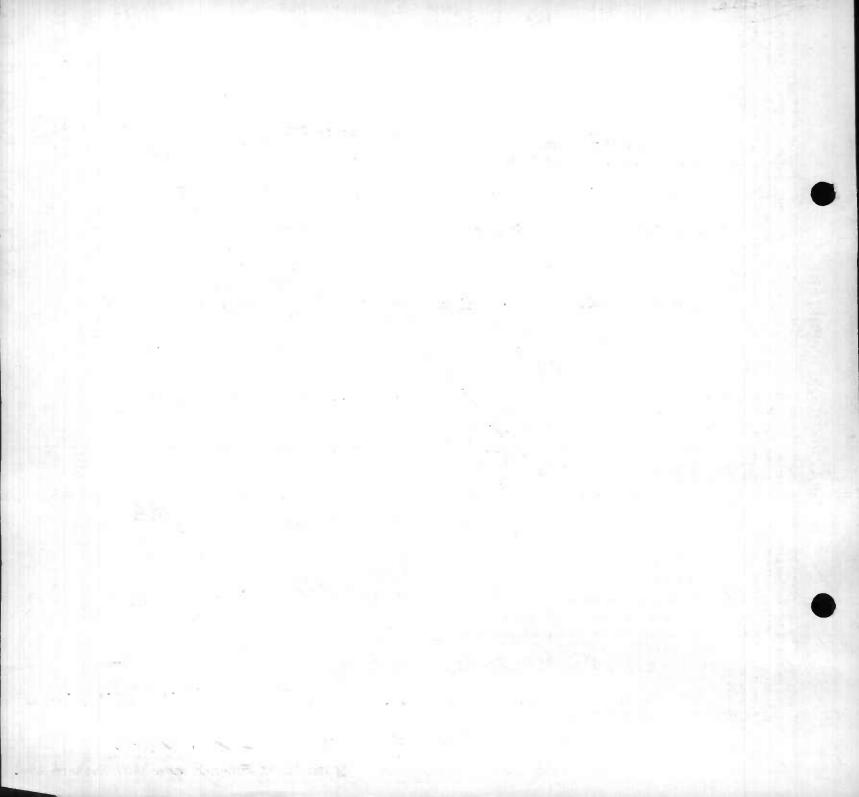
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at

Was

51-40-42 v1p BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Typo or Print) COLEMAN STEWART JULY 1969 7:15 USUAL RESIDENCE (Where deceased lived, If institution; residence before admission 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Baltimore MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? NO K TIMORE CITY HOSPITAL Essex 21221 YES 2 Eastern Avenue E. STREET AND NUMBER 21221 HOPEWELL 1500 Baltimore, Maryland 21224 made If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday MALE WHITE WIDOWED DIVORCED IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition dono during most of working life, even if retired) Florida U. S. H. Foundry Enameler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PERRY STEWART ANNIE HARRIET 15. Was Doceased Ever in U. S. Armed Forcos? SECUROT NO. 17. INFORMANT 4940 Eastern Avenue (Yes, no or unknown) (If yos, givo wor or dotes of service) Records: UNES Baltimore, Maryland 21224 WWL APPROXIMATE INTERVAL APPI BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH MIMEDIATE CAUSE MYOCARDIAL INFARCTION (This does not mean the mode of dying, Sinheart failure, asthenia, etc. It preads the disasse, injury or complication which coused deed.)

ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF en (B) ARTERIOSCLEROTIC HEART DISEASE DISEASES OR CONDITIONS, DUE TO, OR AS A CONSEQUENCE OF the above couse (A) UNDERLYING CONDITION lost remains 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC 20A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED before OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (o.g., in or obodt 21C. WHERE DID home, form, foctory, stroet, office bldg., INJURY OCCUR? nore City, give exact location) DEATH (notify medical examiner) obtained MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 19 67 to 14 July 4 22. I certify that (1) (this haspital) attended the deceased from\_ DOA July 4 19 69 that (I) (we) lost sow the deceased alive on \_\_\_\_\_ /4 DOA) ... 3 = 19 69 ...ond that in (my) (our) opinion death occurred on the date ond hour and from the couses stoted above. (1) (We) (did) (did not) view the body ofter death. must 23A SIGNATURE 23B, DATE SIGNED Attending Med. approval Director 25C. PHYSICIAN'S 23D. ADDRESS 4940 Eastern Ave., Balto., Md. AME (Type) JAIME CASELLAS M.D. 21224 BALTIMORE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) written 7/8/69 Baltimore National Cemetery Baltimore. 2SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. ENNERAL DIRECTOR Bruzdzinski Funeral Home 1407 Eastern Ave. VS 150-REV. 1/1/6B



7	s and see the	BIRTH NO.	6883
	O D C	1. NAME OF DECEASED SERVICE NICKERSIN 2. DATE AND HOUR OF DEATH (Type or Print) 2. DATE AND HOUR OF DEATH 1-3-69	29/A.
	5 0 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institutions residence A. STATE B. COUNTY 21226	
	a hos cause se; (5) andanc to de	INSTITUTION D. INSIDE CITY LIMITS?	
	c 34.	37 MERCY HOSPITAL E. STREET AND NUMBER FERNHILL E	No 🔣
•	occurred in ontributing ermined ca regular at eased prior is made.	WINDOWED DIVORCED 1 / 16 - 60 4 4 4	If Under 24 His. Hours Min.
	or co indete s in r dece	Housewife Own Home MARYLAND USA	F WHAT COUNTRY?
=	ir if death lirect or c (4) Under h was in n the decilisposition	JAMES TAYLOR EMMA HARRIS	
ORTAN	the di the di kind; death nce on final di	15. Wos Deceosad Ever in U. S. Armed Forces? (Ites, no or unknown) Ulf yes, give wor ar dotes af service)  NO  16. SOCIAL SECURITY NO. Charles Dickerson.	RESS
MPO	s a if any ced	DISEASE OR CONDITION DIRECTLY	OXIMATE INTERVAL IN ONSET AND DEATH
_	A e e E	(This does not maan the mode of dying, e.g., heart foilure, asthenio, etc. It maans the disease, injury ar complication which caused daath.)  (A) IMMEDIATE CAUSE   Massure & F.   Due 10, OR AS A CONSEQUENCE OF:  a) Circ has of him.	#### WWW. #############################
DIRECTOR:	examin examin 3) A fra who n regu	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony, giving rise la tha above cause (A) stoling the UNDERLYING CONDITION last.  (B) 2 E supliageal Warae Due to, or AS A CONSEQUENCE OF:	***************************************
-	f medical medical y burns; (; physician ian was ii	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (4)	
FUNERA	hie od	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSINCE IN CERTIFYING CAUSES OF DEATH	IDERED ?
E	by the c pital by re; (2) B where t where t No phy	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  218. FLACE OF INJURY (e.g., in ar about 21C, WHERE DID home, factory, street, office bidg., INJURY OCCUR?	locottan)
	hosp natur sept v d (6) d (6)	21D. TIME (Month) (Doy) (Yeoi) (Hour) 21E. INJURY OCCURRED  While At Work  At Work	
	any any (exc	22. I certify that (I) (this hospital) attended the deceased from	7 1969
	0	and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23B. DATE SIGN	
	accidant a h	23C. PHYSICIAN'S NAME (Type)  Attending Med. Director Phys. 22D. ADDRESS	
	certificate sody was r rs: (1) An a D.O.A. at a ased prior	HOUSHAMG-MAKIPOUCH	(State)
	L-77 - 0 0 -	Burial 7 July 1969 Cedar Hill Cemetery Baltimore, Maryland 2	•
	This ce the book shows: was D. deceas	255A. DATE REC'D BY HEALTH DEPT. 255B. NAME OF REGISTRAR 255C. FUNERAL DIRECTOR AD WITH REPY Funeral Home, Glen Burni.	e, Md.
		VS 150-REV. 1/1/68	



BIRTH NO.	-6	9 68	CERTIFICA	TE OF DEAT	X	69 6884
1. NAME OF DEC	SMOOT, ES		B	Ju	e and hour of death	11.30 p.m.
FULL NAME ( HOSPITAL OR INSTITUTION	OF (If not in hospitol oddiess or locotio	or institution.	give street	C. CITY OR TOWN	If outside city limits, write R	
FRANKL	IN SQUARE	e Hos	PITAL	D. STREET ADDRESS 2620 FIR	(If rurol, give locotion)	21227
FEMALE	6. RACE WHITE	MAR	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
HOUSEU		KINO O	F BUSINESS OR INOUSTR	MARYLA	VD.	12. CITIZEN OF WHAT COUNTRY?
	ESE STEWI		11/ 2001	14. MOTHER'S MAIDEN	STELLA BA	
NO NO	d Ever in U. S. Armed For	es of service)	16. SOCIAL SECURITY NO. 213 10 0237	Mrs Jane	Cage 262	a Ist Ave en
DISEA	SE OR CONDITION DIE	RECTLY	CAUSE	OF DEATH	THROMBOSIS	INTERVAL BETWEEN ONSET AND DEATH
DISEASES rise to the	nplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last,	ony, giving				
TO THE D		ATED TO TH	G IE WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WERE F	INDINGS CONSIDERED
OR CONTRIB	WAS PER  NT WAS UNDERLYING  UTING CAUSE OF	218	3. PLACE OF INJURY (e.g., ne, form, foctory, street,	in or about 21 C. WHERE Di	D (If in Boltimore R?	City, give exact location)
DEATH (notify	(Month) (Ooy) (Year)		INJURY OCCURRED	le 🖂	INJURY OCCUR?	
that (1) (we	JRE	ed alive an ted abave. (	July 5  (We) (did) (did nat)	4		19 69 19 69 19 19 19 19 19 19 19 19 19 19 19 19 19
	men rath Clu ANS AMONRATI	tehane		rending Med. Director  23D. AODRESS  FRAN NL	Stoff Phys. IN SQUARE	July 5, 1969.
REMOVAL DE LESA, DATE REC'D	a1 1/8/0	69 G	AME of CEMETERY OF CI		Flex Burn	viè Md AH. Co Rapses are
WAIL REU L	1111 8 1060	TOO BAINE	E. Jaiber M.D.	230. FUNERAL DIRE	1/ 200	ADDRESS 1-12

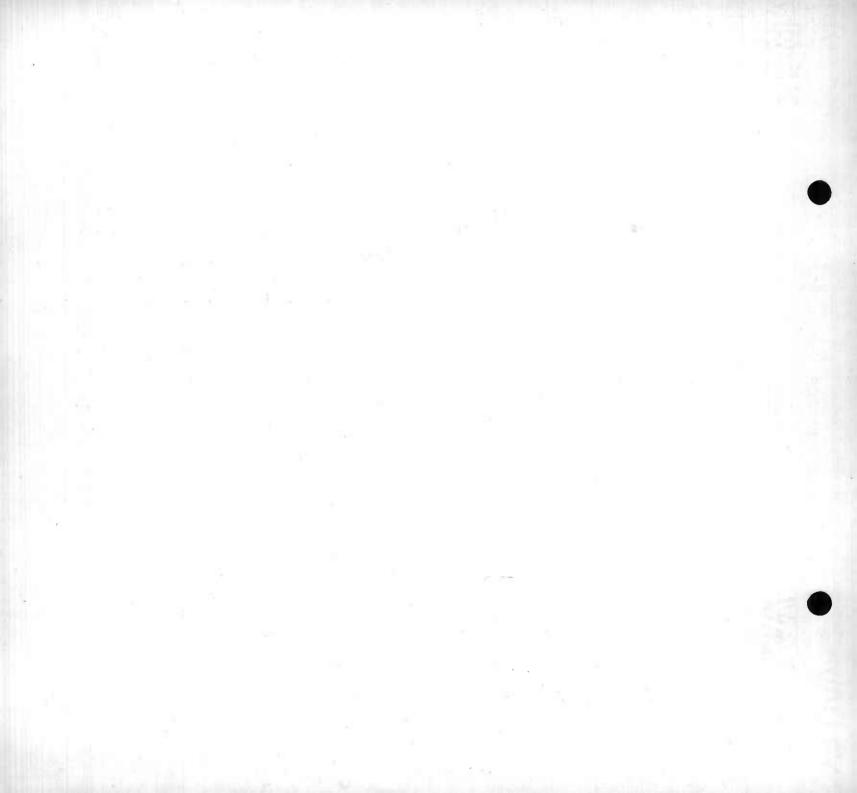
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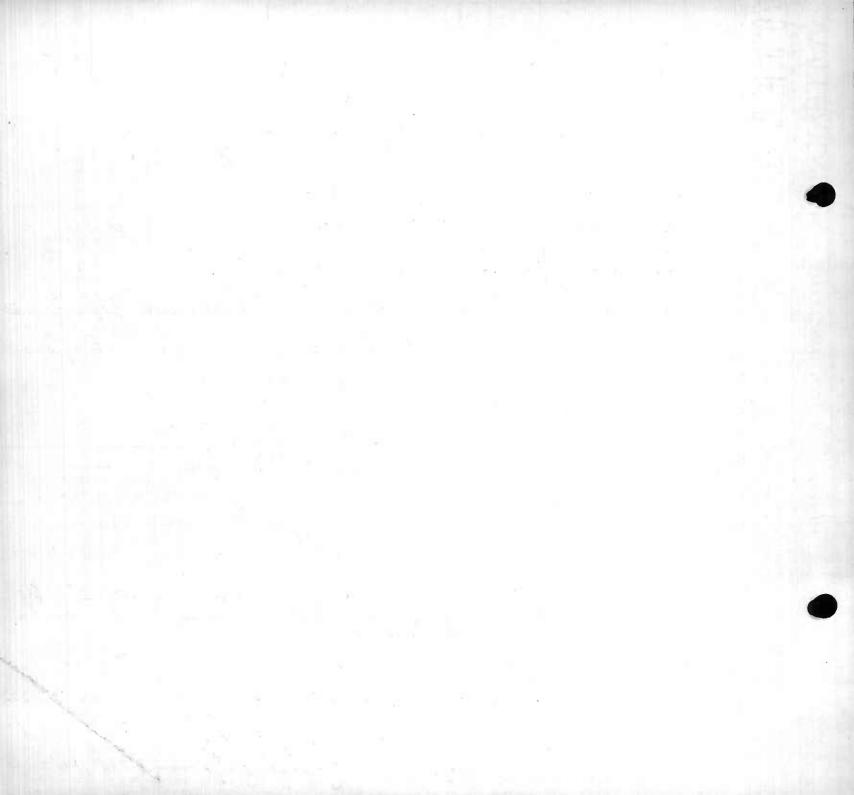
Company Compan

water to the state of

Called Respetal address is 3521 Old york Rd. CT

	0000	BALTIMORE CIT				
b	6886	CERTIFIC	ATE OF DEATH	REG. NO	69	6886
BIRTH NO.		CLKTITICA				
1. NAME OF DECEASED (Type or Print)			2. DATE	AND HOUR OF DEAT	Н	
WHTTLOCK . K	Catherryn		Jul	y 6, 1969		2:15 A.
3. PLACE IN BALTIMORE, MARYLAN		CED DEAD	4. USUAL RESIDENCE (	Whore deceased lived. If	institution: residence	e botore odmiss
			A. STATE B. C	OUNTY	11 4	1
FULL NAME OF (IF NOT IN HO	SPITAL OR INSTITUTIO	ON, GIVE STREET	Magazland	1	40	/
HOSPITAL OR ADDRESS OR	LOCATION)		C. CITY OR TOWN and	D. IN	ISIDE CITY LIMITS?	•
C A			Baltimor	9	YES X	NO
90			E. STREET AND NUMBE	R		
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Bolton Hill Nursing				taw Street	21201	
6. RACE	/ MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months Days	If Under 24 I Hours Min
Tel Tal	WIDOWED	DIVORCED	2-19-89	80		
OA. USUAL OCCUPATION (Give kind o	f work 10B. KIND OF BL	JSINESS OR INDUSTI		foreign country)	12. CITIZEN OF	WHAT COUN
done during most of working life, even if reti						
Seamstres	Clot	hing	Maryland		U.S.A	
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
			TITI	HALALA ESSS		
Edward Baught S. Wos Deceased Ever in U. S. Arme	man		Cora ##	指数 Feeser		
S. Was Deceased Ever in U. S. Arme Yes, no or unknown) (If yes, give wor or	d Forces?	SECURITY NO.	17. INFORMANT		ADDR	ESS
0			Robert H. Wi	nitlock. 1104	Wynbrook	Rd. 2106
	2	215-05-1794				
18. 4/2/31		CAUSE OF DEA	тн			OXIMATE INTERVA
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(This does not mean the mode		(A) IMMEDIATE CA	AUJL CONTRACTOR			4.6.
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		DUE 10, OR A	S A CONSEQUENCE OF:			
injury or complication which ca	used death.)	DUE 10, OR A	S A CONSEQUENCE OF			
	used death.)	(B) ai	Tensluli		es -	7/140
injury or complication which ca	used death.) USES	(B) ai	S A CONSEQUENCE OF		une -	Zeng.
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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

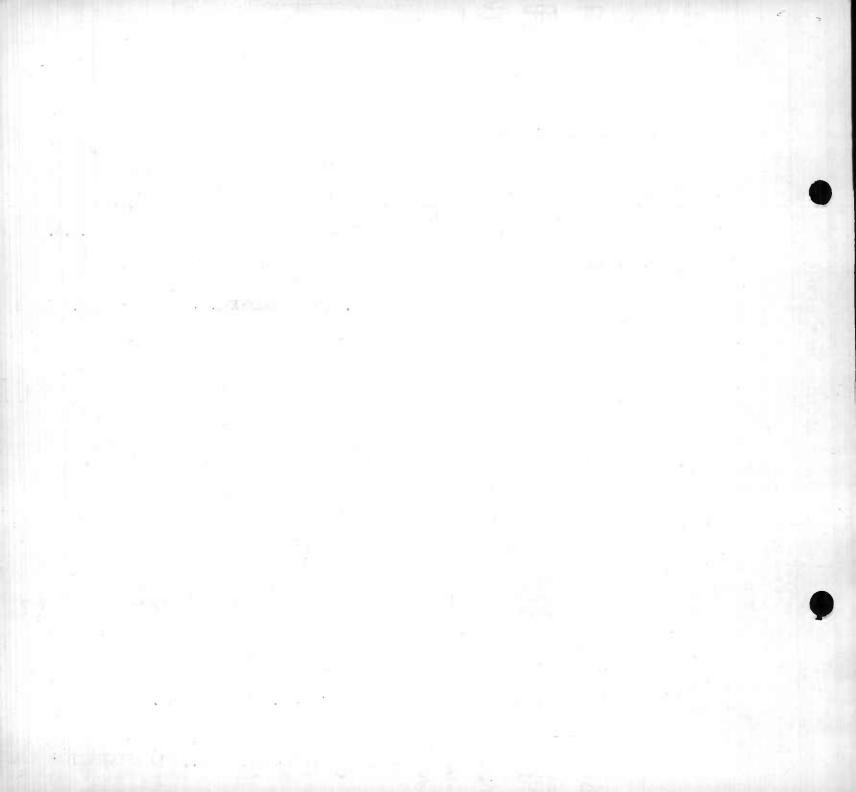


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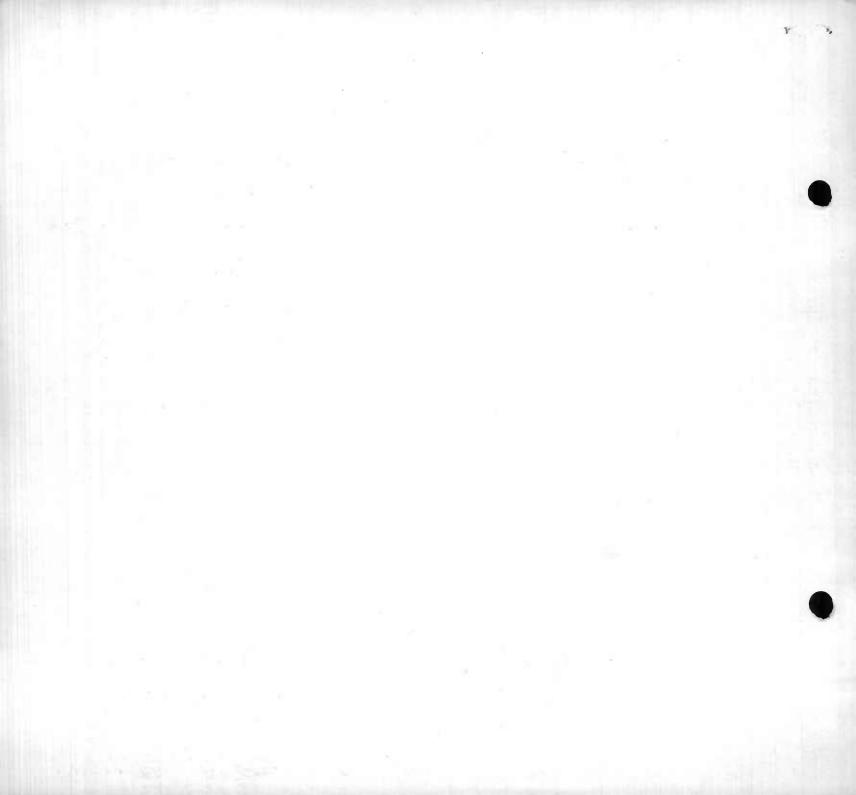
VS 150-REV. 1/1/6B



00 0000	ORE CITY HEALTH DEPARTMENT 69 6890
BIRTH NO. 69 6890 CERT	IFICATE OF DEATH X REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
George K Deci	7/2/69 18:45 2
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE ST ADDRESS OR LOCATION)	REET MA. Balto, CD.  GCITY OR TOWN D. INSIDE CITY LIMITS? BOX 1 moves
University of Md. Mospita	Tanda(stown YES NO 19
38	E. STREET AND NUMBER TO ( worth circle
5. SEX 6. RACE 7. MARRIED Y NEVER MAR WIDOWED DIVOR	CED 5 /20 /18 lost brindoys 5 Months Doys Mours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHPLACE (Stole or (oreign country)   12. CITIZEN OF WHAT COUNTRY
The state of the s	OUS HUNGARY USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Morris Desi dec	There KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY N	17. INFORMANT
YES W.W. II 112-10-	MKSANGAKULI MESI. 7066 HULLWUKIN CIKULE TVII 55
	OF DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	DIATE CAUSE My occurdial Intervetion
	O, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	
	O, OR AS A CONSEQUENCE OF:
rise to the above cause (A) staling the UNDERLYING CONDITION last. (C)	
(0)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURE	ON 20A AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OP CONTRIBUTING CONTRIBUTION	IRY (e.g., in or obout 21 C. WHERE DID (If In Bollimore City, give exect location)
DEATH (notify medical examine)	street office bldg. INJURY OCCUR?
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCUP	
(APPROX)	Not While
22. I certify that (I) (this hospital) attended the deceased from	am. 0700 PM 72 1969 ta 0845 7/21969
that (1) (we) lost saw the deceased alive on	7/2 19 69 and that In(my) (our) apinion death occurred on the date
ond have ond from the couses stoted above. (1) (We) (did) (di	
23A. SIGNATURE	238. DATE SIGNED
See M. M.	Attending Med. Stoff II
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
Ernest S. Sears, IV., M.D.	UNIVERSITY HOSPITAL
24A BURIAL CREMATION, 1248, DATE 124C NAME of CEMPTER	DEGREE
REMOVAL (Specify) CREMATION RHRIXX 7-4-69 LOUDON PARK	BALTIMORE. MARY LAND
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUL 8 1969 Robert E. Jack	SOL LEGINSON & BROS., 6010 REISTERSTOWN ROAD
VS 150-REV. 1/1/68	



1		00 0	BALTIMORE CIT	HEALTH DEPARTMENT		
(	0-653	69 6	891 CERTIFICA	TE OF DEATH	REG. NO	69 6891
	rH NO.		CLICITICA			
	AME OF DECEASED		NOICHT	2. DATE AND	HOUR OF DEATH	0 7.30 011
F	INNA	ouse	NKIGHI	hely	3, 196	7.30 PP/M.
3. 1	LACE IN BALTIMORE, MA	ARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNT	deceased lived. If in	staution: residence before admission)
ELL	LL NAME OF (IF NO	T IN HOSPITAL OF	NSTITUTION, GIVE STREET	Md	Daltin,	March 6200
HO	SPITAL OR ADDRI	ESS OR LOCATION	43111011ON, GIVE SIKEET	C.CITY OR TOWN		IDE CITY LIMITS?
IN 2	TITUTION	1000:0		Boetin		YES NO
	Thou T	10 SP17	AL	E. STREET AND NUMBER	7,0-	123
7	2 2	-Ohimano		113 Whynd	CARAL A	71.0
S. S	EX 6. RACE	sa cival a		D DATE OF BIRTAL	ACE (In woods	If Under 1 Yr., If Under 24 Hrs.
» 3	- O. KACE	10/	RIED NEVER MARRIED		ost birthday	Manths Days Hours Min.
			WED DIVORCED 🔀	0 1 1 1 707	37	
	USUAL OCCUPATION (Gi		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	n cauntry)	12. CITIZEN OF WHAT COUNTRY?
qui	had of I	1	· · · · · · · · · · · · · · · · ·		110	USA
13.	FATHER'S NAME	or na	ming room	14. MOTHER'S MAIDEN NAM	I.E.	
	-11	10			1	
	Harry	Luler	V		Lenna	rd
15.	Was Deceased Ever in U.	S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	MN		710-01-02/7.	N&B. bin	113/11/	1. 0. L Rrs 78
_	10		CAUSE OF DEAT	~, ~, Lanns	11 Sugn	APPROXIMATE INTERVAL
	18.174X		CAUSE OF DEA	n		BETWEEN ONSET AND DEATH
		IDITION DIRECTLY	Condi	2 Para Should	2010,10	
			(A) IMMEDIATE CA		recora	
	(This daes nat mean the			A CONSEQUENCE OF:	9	
	injury ar camplication w	hich caused death.)	Concil	a al Obo	ONT	
	ANTECEDE	NT CAUSES	to local	5 ms of Da	~4 c	
	DISEASES OR CONDI	TIONS, if any, a	iving DUE TO, OR A	A CONSEQUENCE OF:		
	rise la the above	cause (A) slating				
	UNDERLYING CONDITI	ON last.	(C)		•••••	
O	OTHER SIGNIFICANT CON					
ATI	TO THE DEATH BUT NOT DISEASE OR CONDITION (	GIVEN IN PART 1 (A).				
FIC	19A. DATE OF PPERATION	198. CONDITION		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
RT	June 24, be	WAS PERFORMED	topic arah	on.	IN CERTIFIED CA	OSES OF BEATH
a,	21 A. ACCIDENT WAS UN	DERLYING	218, PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimo	re City, give exoct location)
AL	OR CONTRIBUTING CA	AUSE OF	home, form, foctory, street, etc.)	office bidg., INJURY OCCUR?		
DIC						
VEC	21 D. TIME (Month) ( OF INJURY	Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
2	(APPROX.)		While At Wark  Not While At Wark			- /-
	22 1	hie heestaal) eaan	ded the deceased from	614	96910	7/3 10/19
	HC F		7 2		1	17.5
	that (1) (we) last saw	the deceased alive	on	19and the	it in(my) (our) ap	inlan death accurred on the date
	and hour and from the	causes stated aba	ve. (1) () (did) (did)	view the bady after death.		
	23A. SIGNATURE			1		238, DATE SIGNED
	M	meesse			Staff 🔽	July 3, 1969
		10000	GEGREE Ph	23D. ADDRESS	Phys.	Juny -, 1707
	23C. PHYSICIAN'S NAME (Type)	1 . 1 1/1	collect	250. ADDRESS	1 11-10	in
	14hC	well 18/6	EESSEN	SINA	1 1702	114
24A		4B. DATE / 2	C. NAME of CEMETERY OF CE	EMATORY 24D. 15	CATION	ity town, or caunty) (Stote)
,	REMOVAL (Specify)	7/4/60	m	15 + 8	1.1 %	formed a Me
1	resial.	11/07	eadouring	de Cemelly the	reage -	www we 111a
2SA	. DATE REC'D BY HEALTH		ME OF REGISTRAR	25C. PUNERAL DIRECTOR	7 01110	12 / ADDRESS DOTS
	1111	8 1969 2	W. W. C. STALLOW M. B.	3 182 - 13/11/11/18/11/11	111/11/11/11/11	MARRIAKITA
	JUL	0 1003	المال المالية المالية المالية	3 00000 114001	114/11/	Muchally 100





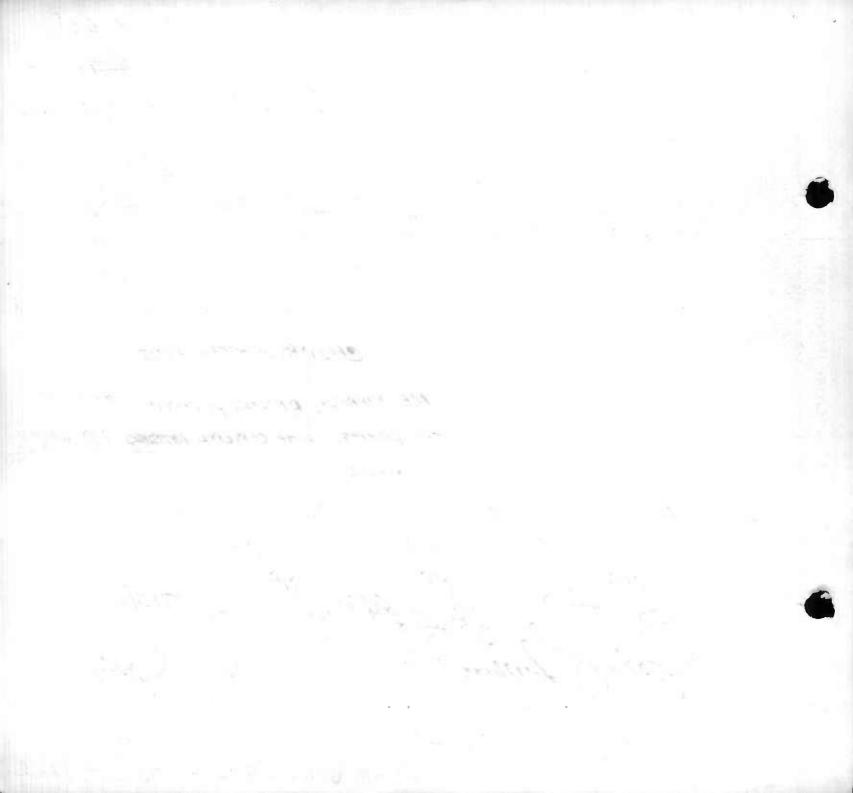


## 69 6894 BALTIMORE CITY HEALTH DEPARTMENT

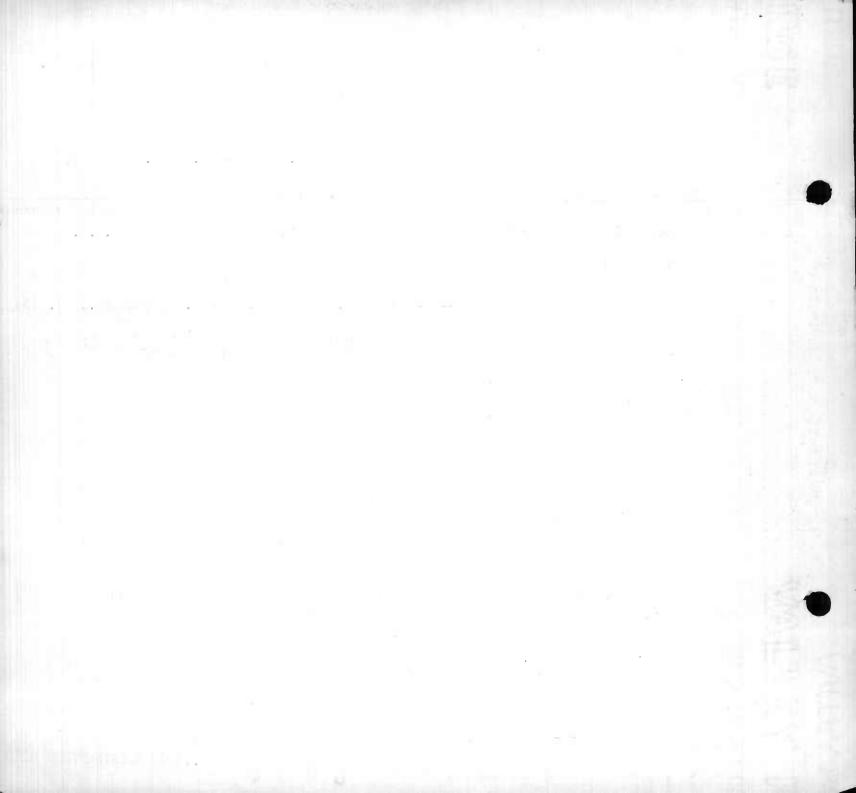
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
---------	------------	-------------	----	-------

	MEI		MINER'S			DEATH	1	69	689
IRTH NO.							REG. NO.		
NAME OF DEC	CEASED WILHE	ELM BECKE	R	2. DATE OF DEATH	Knawn X. Estimoted	Manth	Day	Year	Haur M.
PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PRONOUN	NCED DEAD	3. DATE		Manth	Doy	Year	Hour
ULL NAME OF OSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITUTION, ATION)	GIVE STREET		NCED DEAD	June	30,	1969	5:05 р м.
21	timore City H	Hospital		A. STATE	sidence (Where Maryland		COUNTY	2 /	734
. SEX	7. RACE	8. MARRIED 1	NEVER MARRIED	C. CITY OR	NWOI		D. INSIDE C	ITY LIMITS?	
Male	White	WIDOWED	DIVORCED -	Ва	lto.		Υ	ES 🗌	NO 🗆
DATE OF BIRT	H 10. AGE (last birthdo		1 Yr. II Under 24 Hrs. Days Hours Min.	E. STREET A	ND NUMBER Benton H	leights	Ave.		
1. BIRTHPLACE (S	State or fareign cauntry)	12. CITI	ZEN OF	13 FATHER'S		che	11,01	5.11	
14 USUAL OCCU	PATION (Give kind al wark	114B, KIND OF BUS	INESS OF INDUSTRY	15 MOTHER	S MAIDEN NA	AF			
	warking lile, even Arretired)	hath	lucry	Un	kur	en			
	ED EVER IN U.S. ARME (If yes, give wor ar dotes		SOCIAL SECURITY NO.	18. INFORM	ANT		A	DDRESS	
Xes		2	19-30-146	3/9011	ry bue	uu.		Tam	2
19. 5 9	171		CAUSE OF DEA	TH	/				PROXIMATE INTERVAL EEN ONSET AND DEATH
DISEAS	E OR CONDITION DIRE	CTLY							
	LEADING TO DEATH		(ANIMMEDIATE C	AUSE Cran	iocerebra	1 inju	cies		
(This does n	nat mean the made al d , asthenia, etc. It means th	ying, e.g., e disease.	DUE TO, OR	AS A CONSEQU	JENCE OF:				
injury ar cor	mplication which caused de	oth.)							
A1	NTECEDENT CAUSES		(2)						
DISEASES	OR CONDITIONS, IF AN	Y, GIVING	(B) DUE TO, OR	AS A CONSEQ	UENCE OF:				
RISE TO THE	E A8OVE CAUSE (A) STA NG CONDITION LAST.	ATING THE							
2	NO CONDITION LAGIS		(c)						
OTHERSICA	II NIFICANT CONDITIONS C	ONTRIBUTING							
DISEASE OR	ATH BUT NOT RELATED TO R CONDITION GIVEN IN F	THE TERMINAL	,						
20A. DATE OF	F OPERATION 20B. CO	NDITION FOR WH	ICH OPERATION W	AS PERFORMI	D			21. AUTO	PSY? (Yes or No)
2								Y	ES (Head)
	NAL CAUSE WAS	22B. PLA	CE OF INJURY (e.g., rm, foctory, street, offic	in ar about 22	C. WHERE DID	(II in Baltimore	City, give ex	act location)	
	GMOR CONTRIB-	nome, idi	Factory		National	Brewer	1 26	01	
∑ 22D. TIME	(Month) (Day) (Yea	r) (Haur) 22E.!	NJURY OCCURRED	22	F. HOW DID IN	JURY OCCU	??		
(APPROX.)	6 30 69	3:30 M. WHILL		WHILE O	Door open	ed und	er pres	sure.	hit subject
23.				-		in head	1, drov	re him	against pip
	tify that I held an			tapsyXX	and that an t				
resul	ted fram: Natural car	uses Acci	dent XX Suicio			Undetermin	ed manner		
ACTUAL	11111	.1 6	71-		HIEF MEDICAL E		=		DATE SIGNED
SIGNAT		117	M.D	ASSIS	TANT MEDICAL E	XAMINER	_		
EXAMIN			1 0		CIATE MEDICAL E				
NAME (1	1100000	U. Spitz			ef Medica			July	
4A BURIAL CRE	MATION, 24B. DATE	711 249.		or CREMATO	24D.	LOCATION	City, tow	n, or county)	(State)
nemal	im //2/	69 190	llumou	ut	0 1	mu	ne		
SA. DATE REC'D	1000	258. NAME OF	REGISTRAR	25C. \$	UNERAL DIRECTO	OR	,	ADDRESS	1/
	JUL 8 1969	المانون كي	Vaiber, 17.00	. (	14 Del	mai	ur 1	0671	Halles
		1 9 4	0 17 0	016	6 0			1/	The state of

Ramiel Becker Bellevier Mathemary Undergrand House



	pe or Print)		urn			2. DATE AND			0 40 5
3.	PLACE IN BALT	SAMUEL WI		UNCED DEAD		JULY 7,	eccosed lived. If	institution: res	2:40 P.
IN	DERCY HOS		AL OR INSTITU	UTION, GIVE STREET	MARY LA C. CITY OR TOW BALTIN E. STREET AND	IORE	D. IN	VES X	NO [
-	37						S ST., A	PT. 130	1 #18
N	SEX SALE	6. RACE  (VHITE  PATION (Give kind of work	WIDOWED	NEVER MARRIED DIVORCED DIVORCED F BUSINESS OR INDUSTRY	FEB. 27.	1902 9. Allost	AGE (In years birthday) 67	If Under Months: E	Tyr. If Under 24 Days Hours Mi
don		vorking lile, even if retired) VE		MPLOYED		RE. MARYL			.S.A.
	JACOB W	INER			EVA C	COHEN			
IS. (Ye	Was Deceased s,no or unknown)	Ever in U. S. Armed For (If yes, give war ar dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		=1157	,	ADDRESS
	NO			219-10-9045	MRS. IDA	WINER. 3	900 N. C	HARLES S	ST. APT. 1
	heort failure, injury or com  A  DISEASES Orise to the	ot mean the mode of asthenia, etc. It means plication which caused NTECEDENT CAUSES  R CONDITIONS, if above cause (A)	the discose, death.)	502,0,011,20	A CONSEQUENCE		QUA 2 - 21		
ICATION	DISEASES OF THE RESIDENCE OF THE POLICE OF T	ashenio, etc. It means plication which caused ANTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION lost.  II CANT CONDITIONS COIL BUT NOT RELATED TO TI DNDITION GIVEN IN PAR OPERATION 1198. CON	ony, giving stating the MTRIBUTING HE TERMINAL TO (A).	(B)	A CONSEQUENCE	E OF:	OB. IF YES, WER	E FINDINGS (	CONSIDERED
ERTIFIC	DISEASES Orise to the UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO.	ashenio, etc. It means plication which caused INTECEDENT CAUSES R CONDITIONS, if obove cause (A) is CONDITION lost.  II CANT CONDITIONS CO' H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 178. CON WAS PERI	the disease, death.)  ony, giving stating the NTRIBUTING HE TERMINAL TO I (A).  DITION FOR YEARS OF THE TERMINAL TO I (A).	(B)	S A CONSEQUENCE	Y? (Yes or No) 2	N CERTIFYING C	AUSES OF DI	EATH?
AL CERTIFIC	DISEASES OF THE DESTRUCTION OF CONTRIBU	ashenio, etc. It means plication which caused ANTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION lost.  II CANT CONDITIONS COIL BUT NOT RELATED TO TI DNDITION GIVEN IN PAR OPERATION 1198. CON	the disease, death.)  ony, giving stating the NTRIBUTING HE TERMINAL TO I (A).  DITION FOR YEARS OF THE TERMINAL TO I (A).	(B) DUE TO, OR AS  (C) WHICH OPERATION  PLACE OF INJURY (e.g., farm, factory, steet, o	S A CONSEQUENCE	E OF:  Y? (Yes or No) 2	N CERTIFYING C	E FINDINGS CAUSES OF DI	EATH?
CERTIFIC	DISEASES OF THE PROPERTY OF THE PEAT OF THE PEAT OF A DATE OF THE PEAT OF THE	ashenio, etc. It means plication which caused in the caused in the caused in the caused in the caused in the cause (A) is CONDITION for the cause (A) is CONDITION for the cause of the cau	the disease, death.)  ony, giving stating the   NIRIBUTING HE TERMINAL TO A LONG FORMED    21B horner etc.   1 (A)   21E,   1 (A)   21E,   1 (B)   1 (	(B) DUE TO, OR AS  (C) WHICH OPERATION  PLACE OF INJURY (e.g., ree, farm, factory, street, or) INJURY OCCURRED iile At Not Whi	20A. AUTOPS	E OF:  Y? (Yes or No) 2	(If in Boltim	AUSES OF DI	EATH?
DICAL CERTIFIC	DISEASES OF THE PROPERTY OF THE DEATH OF THE	ashenio, etc. It means plication which caused in the caused in the caused in the caused in the caused in the caused in the cause (A) is CONDITIONS, if above cause (A) is CONDITION lost.  IL CANT CONDITION S.C.O. Hall to NOT RELATED TO THE CONDITION GIVEN IN PAR OPERATION 198. CON WAS PERION (Month) (Day) (Year)  IT WAS UNDERLYING TING CAUSE OF medical examiner)  (Month) (Day) (Year)  that (1) (this hospital last saw the decease from the causes stated.	the disease, death.)  ony, giving stating the MIRIBUTING HE TERMINAL TO I (A).  DITION FOR TORMED  (Hour) 21E, Whom where the control of the	WHICH OPERATION  PLACE OF INJURY (e.g., ne, farm, factory, street, or net)  INJURY OCCURRED Not Whith At Work he deceased from At Work he deceased	20A. AUTOPSI in or about 21C. Wilding bidg., INJURY 21F. HC	Y? (Yes or No) 2 III HERE DID OCCUR?  DW DID INJURY and that	(If in Boltim	pinion death	exact focation)  19 Go accurred on the
DICAL CERTIFIC	DISEASES OF THE PROPERTY OF THE DEATH OF THE	ashenio, etc. It means plication which caused INTECEDENT CAUSES  R CONDITIONS, if obove cause (A) CONDITION lost.  I CANT CONDITIONS CO' HBUT NOT RELATED TO TI DNDITION GIVEN IN PAR OPERATION 198. CON WAS PERI IT WAS UNDERLYING TING CAUSE OF medical examiner)  (Month) (Day) (Year)  that (I) (this hospital last saw the decease from the causes state RE	the disease, death.)  ony, giving stating the MIRIBUTING HE TERMINAL I 1 (A).  DITION FOR PORMED  (Hour) 21E, Whom etc.  (Hour) 21E, who had alive on  ed above. (I	WHICH OPERATION  PLACE OF INJURY (e.g., re, form, factory, street, or rich at Work he deceased from A. (We) (did) (did not) which was a street, or received by the deceased from A. (We) (did) (did not) where the deceased fr	20A. AUTOPS:  in or about 21C. Wilding in or about 21F. Ho  le	Y? (Yes or No) 2 II  HERE DID OCCUR?  DW DID INJURY  and that ifter death.	(If in Boltim	pinion death	exact focation)  19 Consideration and the
MEDICAL CERTIFIC	DISEASES OF THE PROPERTY OF THE DEATH OF THE	ashenio, etc. It means plication which caused intecedent causes  R CONDITIONS, if obove cause (A) CONDITION lost.  II CANTONDITIONS CO. 1 BUT NOT RELATED TO TO TO TO TO TO TO TO TO TO TO TO TO	the disease, death.)  ony, giving stating the MIRIBUTING HE TERMINAL TO IT (A).  DITION FOR TORMED  (Hour) 21E, Who was a death of alive on	WHICH OPERATION  PLACE OF INJURY (e.g., form, factory, street, or he, farm, factory, street, or he deceased from At Work  INJURY OCCURRED  INJURY OCCURRED  III At At Work  At	20A. AUTOPS:  in or about 21C. Wilding in or about 21F. Ho  le	Y? (Yes or No) 2 II  HERE DID OCCUR?  DW DID INJURY  and that ifter death.	(If in Boltim	pinion death	exact focation)  19 Go accurred on the SIGNED
MEDICAL CERTIFIC	DISEASES OF THE REMOVAL IS BURIAL  BURIAL CREAR REMOVAL IS THE DEATH OF INJURY (APPROX.)	ashenio, etc. It means plication which caused intecedent causes  R CONDITIONS, if obove cause (A) CONDITION lost.  II CANTONDITIONS CO. 1 BUT NOT RELATED TO TO TO TO TO TO TO TO TO TO TO TO TO	the disease, death.)  ony, giving stating the Stating the TERMINAL TO I (A).  OTHER TERMINAL TO I (A).  OTHER TERMINAL TO I (A).  OTHER TERMINAL TO I (A).  OTHER TERMINAL TO I (A).  OTHER TERMINAL TO I (A).  OTHER TERMINAL TO I (A).  OTHER TERMINAL TO I (A).  OTHER TERMINAL TO I (A).	WHICH OPERATION  PLACE OF INJURY (e.g., oe, farm, factory, street, oe)  INJURY OCCURED  WHICH OPERATION  PLACE OF INJURY (e.g., oe)  INJURY OCCURED  While At Not Whith At Work  TO NE  I) (We) (did) (did not)  DEGREE	20A. AUTOPS: in or about 21C. Wiffice bidg., INJURY 21F. HC le 22F. HC view the bady of ending 23D. ADDRESS 2 HAMI	Y? (Yes or No) 2  HERE DID OCCUR?  DW DID INJURY  and that if fiter death.  ed. Sha rector Sha Phy  24D. LOCA BALTI	(If in Boltim	pinion death	exoct location)  19 Graccurred on the SIGNED



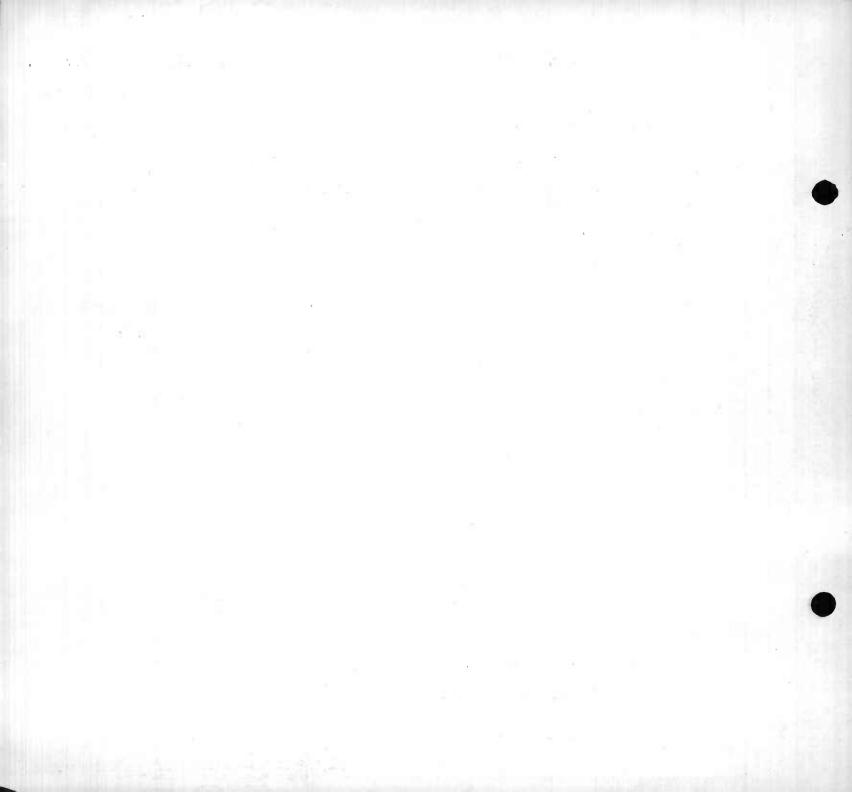
IMPORTANT

DIRECTOR:

FUNERAL



00		HEALTH DEPARTMENT		00 0000
69	6898 CERTIFICA	TE OF DEATH	REG. NO	
BIRTH NO.	021(11110)			
NAME OF DECEASED Type or Print)	. 1		D HOUR OF DEATH	10 / =
james E. Tut		Ju	ly 7, 1969	10:45 a. N
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived, If i ITY	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION. GIVE STREET	Manuland	Baltimor	0 5300
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)	The state of the s	C. CITY OR TOWN		SIDE CITY LIMITS?
Gould Convalesarium		Perry Hall		YES NOTE
47)		E. STREET AND NUMBER		
6116 Belair Road		8500 Vollment	Avenue	
		8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
14 / IIII · ,	RRIED NEVER MARRIED		lost birthday	Months Doys Hours Min.
	OWED DIVORCED	6-12-91	18	
A. USUAL OCCUPATION (Give kind of work 10B, KIII one during most of working lile, even if retired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign cauntry)	12. CITIZEN OF WHAT COUNTR
	tinental (an	New York		USA
FATHER'S NAME	ateral (ar	14. MOTHER'S MAIDEN NAI	ME	USA
unknown		unkno	own	
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (II yes, give wor or dotes of ser	vice) 1 6- SOCIAL	17. INFORMANT		ADDRESS
No	214 03 4121	James A Tutt	8500 1/- 11	and Assessed
18. 44 3 / 41	CAUSE OF DEAT		e ojuv volu	ment Avenue
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBU	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?
	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
21D.TIME (Month) (Doy) (Year) (Hours		21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Whit	e 🔲		
22 1	ded the deceased from		19ta	10
22. I certify that (I) (this haspital) atten				19
that (I) (we) last saw the deceased alive	e an	19and th	at In(my) (aur) ap	oinian death accurred an the de
and have and from the causes stated abo	ve. (1) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE			1 1	23 B. DATE SIGNED
Jan. H. Kent	(C) P Mail	nding Med.	Staff Phys.	
23 C. PHYSICIAN'S	TO GEOREE	23D. ADDRESS	rilys. —	
NAME (Type)				
	ers, M.D. GEGREE			
AA. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	4C. NAME of CEMETERY of CR	MATORY 24D. L	OCATION	City, town, or county) (Stote)
Burial 7-10-69	Gardens of Faith	Company Bo	ultimore, Mo	rouland
SA. DATE REC'D BY HEALTH DEPT. 258 N.	AME OF REGISTRAR	emetery DO		ADDRESS ADDRESS
40001	but E. Jaber, MD	O THE LABOR	Dacin 12	
	West to the	2. Imil. 2	121	11 (hesaco Avenue
S 150-REV. 1/1/68				



SIR-10-5297 DOROTHY S STOCKBALLE SAYE

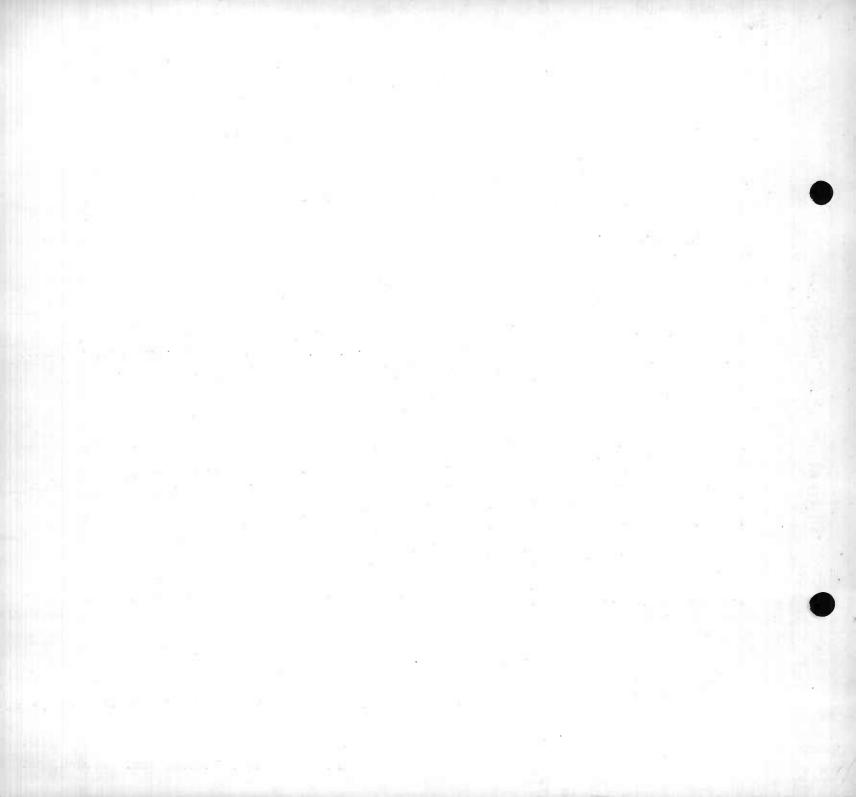
Such

(1)	OOO BALTIMORE CIT	Y HEALTH DEPARTMENT	V	69 6900
69	6900 CERTIFICA	TE OF DEATH	REG. NO	0000
BIRTH NO.				
Type or Print)	111. 11. 1		ID HOUR OF DEATH	
Madeline	Wilhelmina Willett	Ju	Ly 6, 1969	
B. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution; residence before admissi
FULL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Maruland.	Baltimore	5300
HOSPITAL OR ADDRESS OR LOCATION	ON)	C. CITY OR TOWN		IDE CITY LIMITS?
Long Green Nursing Hon	20	Idlewylde		YES NO
		E. STREET AND NUMBER		
Metrose and Bellona Av	res.	6514 Maplewo	od Avenue	Name of the second
6. RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months; Doys Hours; Min.
Female White	WIDOWED DIVORCED	Sept. 23, 1907	61	
OA. USUAL OCCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fore	ign country)	12, CITIZEN OF WHAT COUNT
one during most of working life, even if retired)	Dun Home	M /	,	USA
Housevile 3. FATHER'S NAME	AUR HOME	Maryland 14. MOTHER'S MARDEN NA	ME	ush .
01 00				00
John E. Owens			ina Nuensin	
5. Was Deceased Ever in U. S. Armed Forces Yes, no or unknown) (It yes, give war or dates of	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No None		Family records		
18. 24 9 / 4 I	CAUSE OF DEA			APPROXIMATE INTERVA
DISEASE OR CONDITION DIREC	TIV	// /	20/	BETWEEN ONSET AND DEA
LEADING TO DEATH	316.1	1 Deaktel	4/2	1. 2 3/1/
(This does not meon the mode of dy	(A) IMMEDIATE CA	A CONSEQUENCE OF:	xxvmicen	10-06/47
hearl failure, osthenia, etc. It means th	e disease,	A CONSEGUENCE OF:		
injury or complication which coused de	eoth,)	1 Wita	. 1	. 1.
ANTECEDENT CAUSES	(a) Cle	ala Mille	reclien	20-10-16
DISEASES OR CONDITIONS, if ony	y, giving DUE TO, OR A	S A CONSEQUENCE OF:		
rise to the obove cause (A) st	lating the			
UNDERLYING CONDITION last.	(c)			
O OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING			
O OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED TO THE VIDISEASE OR CONDITION GIVEN IN PART 1	(A).	•••••		
	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITIDY (a.g.	in or obout 21C. WHERE DID	(If in Rollimos	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, etc.)	office bidg., INJURY OCCUR?	(ii iii balliiia	e elly, give exoci location)
	Hour 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Wh			
22 1 27 1 17 11 1 1 1			10/2 - 1	72.001.10
22. I certify that (I) (this hospital) o	1 1		1962 10 6	V-2019
that (1) (we) last saw the deceased	alive on Valley 9	1969 ond th	opi in (my) Long opi	nion death occurred on the
The state of the s	abave. (1) (1) (did not)			4

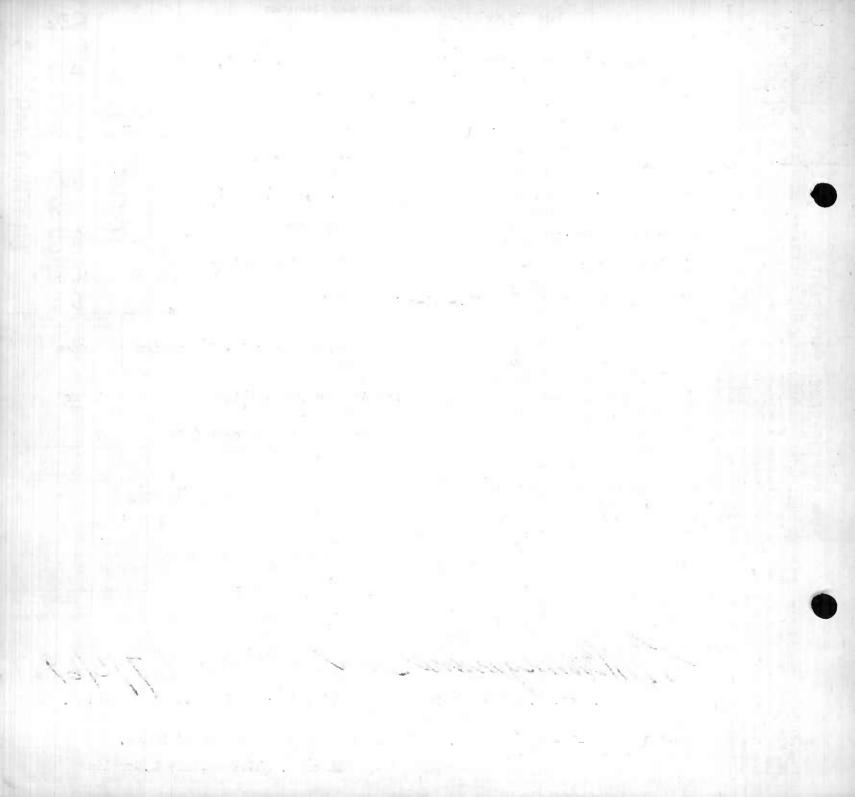
238. DATE SIGNED Med. Staff Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS OEGREE 24C. NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, lown, or county) (State) July 8, Prospect Hill E OF REGISTRAR Towson, John Burnz Sons, Towson, Maryland VS 150-REV. 1/1/6B

makery construction of the State of the Stat

BALTIMORE CITY HEALTH DEPARTMENT



FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  HOSPITAL OR INSTITUTION  Baltimore City Hospital  C. CITY OR TOWN  E. STREET AND NUMBER  32 Back River Road  S. SEX Color Wilder of Wilder of Color Wilder	Sherman Hughes Demines  MARKLAND, WHERE PRONOUNCED DEAD  INTERSO OR LOCATION)  OTHER CITY HOSPITAL OR INSTITUTION, GIVE STREET  OTHER CITY OF TOTAL  A. STATE  Maryland  C.CITY ORTOWN  D. INSIDE CITY LIMITS?  YES NO    C.CITY ORTOWN  E. STREET AND NUMBER  32 Back River Road  7- MARRIED NEVER MARRIED  WIDOWED  DIVORCED  Feb. 2, 1907  Feb. 2, 1907  Feb. 2, 1907  Feb. 2, 1907  Maryland  DIVORCED  WIDOWED  DIVORCED  I. SIRTHPLACE (Stote or foreign country)  Maryland  Waryland  USA  14. MOTHER'S MAIDEN NAME  Clementine Demines  15. Armed Forces?  IN OTHER'S MAIDEN NAME  Clementine Demines  16. SOCIAL  SECURITY NO.  12. 803-1139  TATTLE Lou Demines  CAUSE OF DEATH  CONDITION DIRECTLY  TO DEATH  The mode of dying, e.g., elc., lit means the disease, which coused death, sloting the TION lost.  II monthlos Contributing  (a) MAREDIATE CAUSE  Chronic Myocardial Failure  Chronic Myocardial Failure  2 mos  Chronic Myocardial Failure  Chronic Rhematic Endocarditis  7. INFORMATI  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MARYLAND  (a) MAREDIATE CAUSE  Chronic Myocardial Failure  Chronic Myocardial Failure  Chronic Rhematic Endocarditis  7. INFORMATI  II INDITIONS CONTRIBUTING  TREE TO THE TERMINAL LOVEN IN PART I (A).  NON 198. CONDITION FOR WHICH OPERATION  NO 198. CONDITION FOR WHICH OPERATION  NO 198. CONDITION FOR WHICH OPERATION  NO 198. CONDITION FOR WHICH OPERATION  NO 198. CONDITION FOR WHICH OPERATION  NO 198. CONDITION FOR WHICH OPERATION  NO 198. CONDITION FOR WHICH OPERATION  NO 198. CONDITION FOR WHICH OPERATION  NO 198. CONDITION FOR WHICH OPERATION  NO 198. CONDITION FOR WHICH OPERATION  NO 198. CONDITION FOR WHICH OPERATION  NO 198. CONDITION FOR WHICH OPERATION  NO 198. CONDITION FOR WHICH OPERATION  NO 198. CONDITION FOR WHICH OPERATION  NO 198. CONDITION FOR WHICH OPERATION  NO 208. IF YES, WERE FINDINGS CONSIDERED  NO 198. CONDITION FOR WHICH OPERATION	IRTH NO.				TE OF DEATH				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  Baltimore City Hospital  C. CITY ORTOWN ESSEX  B. COUNTY  Maryland  C. CITY ORTOWN ESSEX  C. STREET AND NUMBER 32 Back River Road  C. CITY ORTOWN ESSEX  E. STREET AND NUMBER 32 Back River Road  C. CITY ORTOWN ESSEX  NO  Manthas Doys Hours  Maryland  C. CITY ORTOWN ESSEX  D. INSIDE CITY LIMITS?  YES NO  Monthas Doys Hours  No  Monthas Doys Hours  Monthas Doys Hours  Tebb. 2, 1907  Monthas Doys Hours  Tebb. 2, 1907  Monthas Doys Hours  Tebb. 2, 1907  Monthas Doys Hours  To AGE (In years In Under 1 Yr. If Under 1 Yr.	MARYLAND, WHERE PRONOUNCED DEAD  A. STATE B. COUNTY  Maryland  C. CITY ORTOWN  D. INSIDE CITY IMMIS?  VES NO    E. STREET AND NUMBER  32 Back River Road  7. MARRIED NEVER MARRIED DIVORCED Feb. 2, 1907  62 North of Business Or Industry  Maryland  C. CITY ORTOWN  E. STREET AND NUMBER  32 Back River Road  7. MARRIED NEVER MARRIED NOTE BUSINESS OR INDUSTRY  WIDOWED DIVORCED Feb. 2, 1907  Maryland  12. CITIZEN OF WHAT COUNTRY  Maryland  14. MOTHER'S MAIDEN NAME  Clementine Demines  15. Armed Forces?  IN NOTITION DIRECTLY  STOUBARTH  NOTITION DIRECTLY  TO DEATH  The mode of dying, e.g., elc. II means the disease, which coused deably.  LI modifions Contributing The Tion of As a consequence of:  Chronic Myocardial Failure  2 mos  OUE TO, OR AS a CONSEQUENCE OF:  C. Chronic Rhematic Endocarditis  2 mos  OUE TO, OR AS a CONSEQUENCE OF:  C. Chronic Rhematic Endocarditis  2 mos  OUE TO, OR AS a CONSEQUENCE OF:  OUE TO, OR			Hughes	Demines					
Baltimore City Hospital.  Baltimore City Hospital.  SEX Back River Road  SEX Mole Col.  MIDOWED DIVORCED Feb. 2, 1907 Oc.  DALUSUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Maryland USA  Construction Worker  SEX Wes Deceased Ever in U. S. Armed Forces?  SEX Wes Deceased Ever in U. S. Armed Forces?  SEX Wes Deceased Ever in U. S. Armed Forces?  SEX World War #2  Construction Worker  Construction Could Worker  Construction Worker  Construction Worker  Construction Worker  Construction Worker  Construction Worker  Construction Worker  Construction Worker  Construction Worker  Construction Worker  Construction Worker  Construction Worker  Construction Worker  Construction Worker  Construction Worker  Construction Worker  Construction Worker  Construction Worker  Construction	A STATE   B. COUNTY   COUNTY			-		4. USUAL RESIDENCE (Wh	ere deceased li		tution: resid	ence before admi
Baltimore City Hospital    Col.   SEX   G. RACE   T. MARRIED   Never MARRIED   Divorced   Feb. 2, 1907   G.   G.   G.   G.   G.   G.   G.   G	C. CITY OR TOWN ESSEX  C. CITY OR TOWN ESSEX  C. CITY OR TOWN ESSEX  D. INSIDE CITY LIMITS?  YES NO  E. STREET AND NUMBER 32 BACK RIVEY ROAD  And of Business Or Industry  Feb. 2, 1907						NTY		5:	200
Baltimore City Hospital    E. STREET AND NUMBER   32 Back River Road	E. STREET AND NUMBER  32 Back River Road    Agreement   Street   S	OSPITAL OR	ADDRESS OR LOCA			D. INSIDE	CITY LIMIT	rs?		
32 Back River Road   32 Back River Road   32 Back River Road   32 Back River Road   32 Back River Road   32 Back River Road   32 Back River Road   32 Back River Road   32 Back River Road   32 Back River Road   32 Back River Road   33 Back River Road   34 Back River Road   35 Back River Road   36 Back River Road   36 Back River Road   36 Back River Road   37 Back River Road   38 Back	32 Back River Road   32 Back					Essex		Y	res 🔀	NO 🗌
Male    Col.   Never Married   S. Date of Birth   S. Date of Both   S. Date of Birth   S. Date of Both   S. Date of Birth   S. Date of Both   Never MARRIED   Never MARRIED   S. DATE OF BIRTH   S. DATE OF WHAT COUNTRY   S. DATE OF BIRTH   S. DATE OF WHAT COUNTRY	21									
Male Col. WIDOWED DIVORCED Feb. 2, 1907 62 Manths Doys Haurs    Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Manths Doys Haurs   Manths Doys Haurs   Manths Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Manths Doys Haurs   Manths Doys Haurs   Manths Doys Haurs   Divorced   Feb. 2, 1907 62   Manths Doys Haurs   Di	MINAMED   DIVORCED   Feb. 2, 1907   Second   Months Doys   Haurs   Min.   Min		L and	To .						
Construction Worker  3. FATHER'S NAME  William Demines  Clementine Demines  Clementine Demines  Clementine Demines  World War #2  16. SOCIAL SECURITY NO. 17. INFORMANT  SECURITY NO. 12.—803—1139  Hattie Lou Demines  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart lailure, ashlenio, etc. It means the diseose, injury or camplication which coused death.)  ANTECEDENT CAUSES  Maryland  USA  Maryland  USA  Maryland  USA   (A) MAPPROXIMATE  BETWEEN ONSET  APPROXIMATE  BETWEEN ONSET  CAUSE OF DEATH  (A) MMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  Chronic Myocardial Failure  2 mos	Maryland  Maryland  USA  14. MOTHER'S MAIDEN NAME  Clementine Demines  15. SAME Forces?  In Security No.  212-803-1139  CAUSE OF DEATH  CAUSE						last birthday)	Pors	If Under 1 Manths Do	Yr. If Under 24 ys Haurs N
William Demines  Clementine Demines  Clementine Demines  Was Deceased Ever in U. S. Armed Forces?  (es,no or unknown) [dif yes, give war or doles of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   Hattie Lou Demines    18.	Clementine Demines  1. S. Armed Forces?  Inve wor or doles of service)  1. S. Armed Forces?  Inve wor or doles of service)  1. S. Armed Forces?  Inve wor or doles of service)  2. 12-803-1139  17. INFORMANT  Hattie Lou Demines  17. INFORMANT  Hattie Lou Demines  18. APPROXIMATE INTERVAL  BETWEEN ONSET AND DEAT  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEAT  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEAT  Sudden  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudden  DUE TO, OR AS A CONSEQUENCE OF:  DITIONS, it any, giving cause (A) slating the TION lost.  (B) DUE TO, OR AS A CONSEQUENCE OF:  (C) Chronic Myocardial Failure  2 mos  (B) DUE TO, OR AS A CONSEQUENCE OF:  (C) Chronic Rhematic Endocarditis  7.  11  INDITIONS CONTRIBUTING OF THE TERMINAL OF THE TERMI	one during most of	f warking life, even if retired)	k 108. KIND O	F BUSINESS OR INDUSTRY		reign cauntry)		1130	
World War #2    16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18.   18.   19.	I. S. Armed Forces? Inverse war or doles of service)  I. CAUSE OF DEATH  CAUSE OF DEATH  In mode of dying, e.g., elc. II means the disease, which coused death.)  CENT CAUSES  DITIONS, if any, giving cause (A) slating the TION last.  Chronic Myocardial Failure  Chronic Rhematic Endocarditis  C	CONSTITUO B. FATHER'S NA	otion worker			14. MOTHER'S MAIDEN NA	AME			
World War #2    16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18.   18.   19.	ADDRESS  I SECURITY NO. 212-803-1139  CAUSE OF DEATH  CAUSE OF	William Demines				Clementine D	emines			
es, no or unknown) (If yes, give wor or doles of service) Yes World War #2  12-803-1139  Hattie Lou Demines  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, astherio, etc. It means the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES  SECURITY NO.  212-803-1139  Hattie Lou Demines  CAUSE OF DEATH  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder  DUE TO, OR AS A CONSEQUENCE OF:  Chronic Myocardial Failure  2 mos	CAUSE OF DEATH  CAUSE OF DEATH	. Was Decease	d Ever in U. S. Armed For	rces?					AC	DDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthemic, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder  DUE TO, OR AS A CONSEQUENCE OF:  Chronic Myocardial Failure 2 mos	DIDITION DIRECTLY  TO DEATH  The mode of dying, e.g., elc. II means the diseose, which coused deoth.)  DIETO, OR AS A CONSEQUENCE OF:  Chronic Myocardial Failure  Chronic Myocardial Failure  2 mos  DUE TO, OR AS A CONSEQUENCE OF:  Chronic Myocardial Failure  2 mos  DUE TO, OR AS A CONSEQUENCE OF:  Chronic Rhematic Endocarditis  7  To related to the terminal of the	Yes, na ar unknow	World War #2	es of service)	212-803-1139	Hattie Lou De	mines			
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE Acute Myocardial Infarction Sudder Due TO, or as a consequence of:  (A) IMMEDIATE CAUSE	The mode of dying, e.g., elc. II means the disease, which coused death.)  EENT CAUSES  DITIONS, if any, giving cause (A) slating the TION last.  (C) Chronic Rhematic Endocarditis  C) Chronic Rhematic Endocarditis  (C) Chronic Rhematic Endocarditis  (C) Chronic Rhematic Endocarditis  (C) Chronic Rhematic Endocarditis  (C) Chronic Rhematic Endocarditis  (DITION IN PART 1 (A))  (DITION IN P	1B. 39	7.91		CAUSE OF DEAT	Н		2.4		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)  ANTECEDENT CAUSES  Chronic Myocardial Failure 2 mos	The mode of dying, e.g., elc. II means the diseose, which coused deoth.)  PENT CAUSES  Chronic Myocardial Failure  2 mos  OUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  Cause (A) stating the TION last.  (C) Chronic Rhematic Endocarditis  TION lost.  (C) Chronic Rhematic Endocarditis  7  II  INDITIONS CONTRIBUTING of The Terminal of Terminal of T	DISEA		RECTLY		Annta Maria	24 - 1 T 4	Come to		
heart failure, asthenio, etc. It means the disease, injury ar camplication which coused death.)  ANTECEDENT CAUSES  Chronic Myocardial Failure  2 mos	elc. II means the disease, which coused death.)  DENT CAUSES  Chronic Myocardial Failure  2 mos  DUE TO, OR AS A CONSEQUENCE OF:  Cause (A) stating the  TION last.  (C) Chronic Rhematic Endocarditis  7  II  INDITIONS CONTRIBUTING OF THE TERMINAL OF THE T	(This does		dving, e.g.,	(A) IMMEDIATE CAL	13 C	diai ini	arctio	on	Suaden
ANTECEDENT CAUSES Chronic Myocardial Failure 2 mos	Chronic Myocardial Failure  2 mos  Outions, if any, giving cause (A) stating the TION last.  (C) Chronic Rhematic Endocarditis  7  Inditions Contributing of Related to the Terminal Individual Control of Related to the Terminal Individual Control of Related to the Terminal Individual Control of Related to the Terminal Individual Control of Related to the Terminal Individual Control of Related to the Terminal Individual Control of Related to the Terminal Individual Control of Related	heort failure,	, aslhenio, elc. Il means			A CONSEQUENCE OF:				
DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:	DITIONS, if any, giving cause (A) stating the TO, OR AS A CONSEQUENCE OF:  (C) Chronic Rhematic Endocarditis  (D) INDITIONS CONTRIBUTING (C) TO THE TERMINAL (C) TO TH	inium or con	mplication which covered						- 1	
The state of the s	Cause (A) slating the TION last. (C) Chronic Rhematic Endocarditis 7  II NOTION S CONTRIBUTING STRELATED TO THE TERMINAL SIVE OF THE TE	injury at car		l deoth.)		nic Mwocardial	Failure			2 mos
rise to the obave cause (A) slating the	INDITIONS CONTRIBUTING OTRELATED TO THE TERMINAL OF GIVEN IN PART 1 (A).  ON 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  1 GIVEN IN PART 1 (A).	1 - 2	ANTECEDENT CAUSES	deoth.)	Chro	nic Myocardial	Failure			2 mos
	INDITIONS CONTRIBUTING DIT RELATED TO THE TERMINAL OF STATE OF THE TERMINAL ON 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  100 NO	DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if	I deoth.) any, giving	(B)Chroi	A CONSEQUENCE OF:		+40		2 mos
	ON 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	DISEASES	ANTECEDENT CAUSES OR CONDITIONS, il the obave cause (A) IG CONDITION last.	I deoth.) any, giving	(B)Chroi	A CONSEQUENCE OF:		tis		2 mos
DISEASE OR CONDITION GIVEN IN PART 1 (A).    ON CONDITION   198. CONDITION FOR WHICH OPERATION   200. AUTOPSY? (Yes of No.)   208. IF YES, WERE FINDINGS CONSIDERED	WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?	DISEASES rise to the	ANTECEDENT CAUSES OR CONDITIONS, if he obave cause (A) IG CONDITION last,	deoth.) any, giving slating the	(B)Chroi	A CONSEQUENCE OF:		tis		2 mos
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?		DISEASES rise to the UN DERLYIN TO THE DEAL OISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if the obave cause (A) IG CONDITION last.  II IFICANT CONDITIONS CONTITH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	any, giving slating the ONTRIBUTING HE TERMINAL RT 1 (A).	(B) Chroi DUE 10, OR AS (C) Chroi	A CONSEQUENCE OF:	ndocardi		JDINGS CO	3
OR CONTRIBUTING CAUSE OF home form factory street office bldg INTURY OCCUR?	CAUSE OF home, farm, factory, street, office bldg., INJURY OCCUR?	DISEASES rise to the UN DERLYIN TO THE DEAL OISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, ii he obave cause (A) IG CONDITION last,  II IFICANT CONDITIONS CO NITH BUT NOT RELATED 10 11 CONDITION GIVEN IN PAR OF OPERATION 19B. CON	any, giving slating the ONTRIBUTING (HE TERMINAL RT 1 (A).	(B) Chroi DUE 10, OR AS (C) Chroi	A CONSEQUENCE OF:  nic Rhematic E	ndocardi	. WERE FIN	IDINGS CO	2
		DISEASES  iise to the UN DERLYIN  OTHER SIGNI TO THE DEA  DISEASE OR 0  19 A. DATE O	ANTECEDENT CAUSES OR CONDITIONS, if he obave cause (A) IG CONDITION lost.  II IFICANT CONDITIONS CO ATH BUT NOT RELATED TO TE CONDITION GIVEN IN PAR OF OPERATION ON WAS PERI ENT WAS UNDERLYING CAUSE OF	any, giving slating the ontributing the terminal right (A).  With the terminal right (A).  With the terminal right (A).	(b) Chrole (c) Chrole	A CONSEQUENCE OF:  OIC Rhematic E  20A. AUTOPSY? (Yes or N  NO  n or obout 21C, WHERE DID	ndocardi	, WERE FIN	ES OF DEA	ONSIDERED
OF INITION	(Day) (Yeor) (Haur) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	DISEASES iise to it UN DERLYIN  OTHER SIGNI TO THE DEA DISEASE OR 0 19 A. DATE O  21 A. ACCIDI OR CONTRIB DEATH (notif	ANTECEDENT CAUSES  OR CONDITIONS, ii  the obave cause (A) IG CONDITION last.  II  IFICANT CONDITIONS CONTH BUT NOT RELATED TO TO THE PARTY OF OPERATION 198. CONWAS PERI  ENT WAS UNDERLYING 198. CONDITION CAUSE OF 198. CAUSE OF	any, giving slating the SNTRIBUTING HE TERMINAL RT 1 (A). NOTION FOR FORMED	(B) Chrole (B) DUE TO, OR AS  (C) Chrole (Chrole (Chro	20A. AUTOPSY? (Yes or N NO n or about 21C. WHERE DID linder bldg., INJURY OCCUR?	ndocardi	, WERE FIN ING CAUSI Boltimore (	ES OF DEA	ONSIDERED
(APPROX)	While At Not While	DISEASES  iise to the UN DERLYIN  OTHER SIGNI TO THE DEA  DISEASE OR O  19 A. DATE O  OR CONTRIB  DEATH (notif	ANTECEDENT CAUSES OR CONDITIONS, if he obave cause (A) IG CONDITION lost.  II IFICANT CONDITIONS CO ATH BUT NOT RELATED TO TE CONDITION GIVEN IN PAR OF OPERATION ON WAS PERI ENT WAS UNDERLYING CAUSE OF	any, giving slating the DNTRIBUTING THE TERMINAL RT 1 (A). HOTTON FOR FORMED	Chrole  (B) DUE TO, OR AS  (C) Chrole  WHICH OPERATION  B. PLACE OF INJURY (e.g., in the part of the p	20A. AUTOPSY? (Yes or N NO n or about 21C, WHERE DID fice bldg., INJURY OCCUR?	ndocardi	, WERE FIN ING CAUSI Boltimore (	ES OF DEA	ONSIDERED
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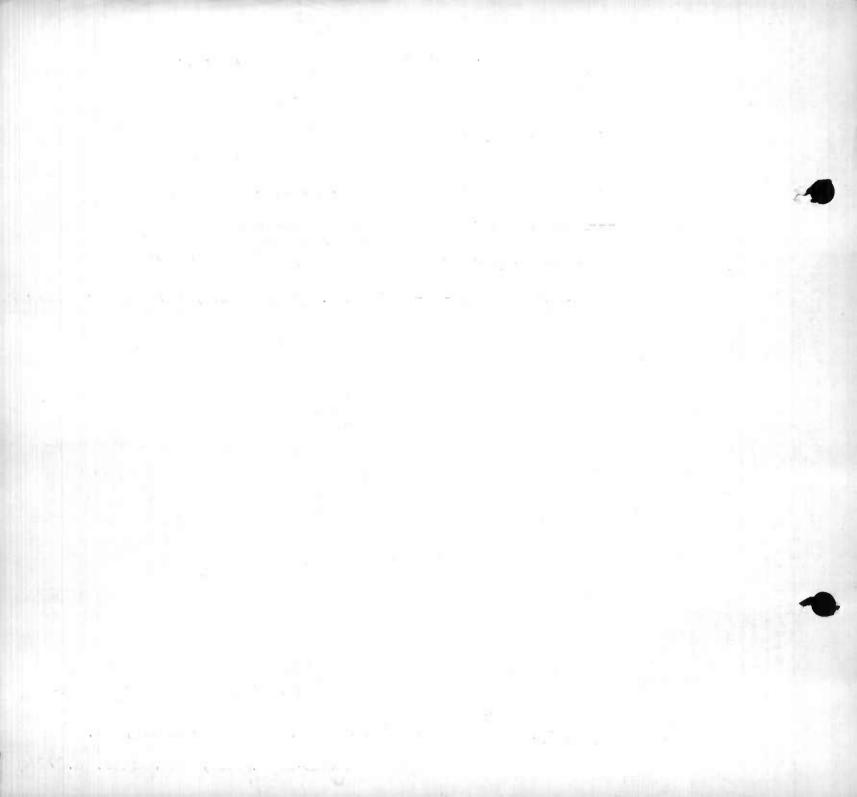


C-462

	69 6903	BALTIMORE CITY HE						
	MEDICAL E	XAMINER'S	CERTIFIC	CATE OF	DEA.	TH REG. NO.	69	6903
BIRTH NO.								
I. NAME OF DECEASED	ILBUR THE	F. Clark	2. DATE	Known Estimated	Month July	6, 1969	Year	Hour
4. PLACE IN BALTIMORE, MA	RYLAND, WHERE PRON	OUNCED DEAD	3. DATE	2311110100	Month	Dov	Year	Hour
FULL NAME OF (IF NOT ADDRESS	IN HOSPITAL OR INSTITUT			INCED DEAD		6, 1969	Tear	11:20 P,
OR INSTITUTION	Dolaredone A			SIDENCE (Wher	e deceosed		n: residence	before odmission)
1020 E.	Belvedere A		A. STATE	Maryland		B. COUNTY	2	758
6. SEX 7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
Male Whit	e WIDOWED	DIVORCED [	]	Baltimore		Y	Es K	NO 🗆
9. DATE OF BIRTH	10. AGE (in years If L last birthday) Mar	Inder 1 Yr. If Under 24 Hrs. iths; Days; Haurs; Min.	E. STREET A	ND NUMBER				,,,,
April 19, 1919.	50			1820 E. B	elvede	ere Avenu	ie	
11. BIRTHPLACE (State or lareign		CITIZEN OF	13. FATHER	SNAME				
Md.		WHAT COUNTRY?	Geo	rge Clark				
14A.USUAL OCCUPATION (Give done during mast of warking life, eve	kind of work 148. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NA	ME			
Claims Adjuste	er W.T.Co	wan Company						
16. WAS DECEASED EVER IN L	J.S. ARMED FORCES?	17. SOCIAL	18. INFORM	ANT		A	DDRESS	
no	or or doles or service,	213-07-6487	Mrs.	Johanna C	lark	same		
19. 4-104		CAUSE OF DEA	тн					PPROXIMATE INTERVAL
DISEASE OR CONDI		Arterios	clerotio	cardiov	ascula	ar diseas		WEEN ONSET AND DEAT
(This does not mean the r		(A)IMMEDIATE C	AUSE					
heart loilure, asthenia, etc.	It means the disease.	DUE TO, OR	S A CONSEQ	UENCE OF:				
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DISEASES OR CONDITIO	ISE (A) STATING THE	DUE 10, OK	AS A CONSEC	UENCE OF:			3.1	
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20A. DATE OF OPERATION		WHICH OPERATION WA	S PERFORMI	ED			21. AUTO	PSY? (Yes or No)
Ö								
22A. EXTERNAL CAUSE V		PLACE OF INJURY (e.g.,	in or obout 22	C. WHERE DID	(II In Baltime	ore City, give exc	ct location)	No
UNDERLYING OR CONT	RIB- hom	e, lorm, loctory, street, office	bldg., etc.) IN	JURY OCCUR?				
2 22D. TIME (Month) (De		2E.INJURY OCCURRED	22	F. HOWDID IN	JURY OCC	UR?		
OF INJURY (APPROX.)		WHILE AT   NOT	WHILE					
23.	m. \	WORK LAT W	ORK L					
I certify that I he	ld on Inquiry	Inspection Aut	apsy 🗌	ond that on th	als basis	death in my	opinion	
resulted from: No	tural causes X A	ccident Suleid	e Ho			ned manner		
	0	0		HIEF MEDICAL E				
ACTUAL	ion DJ	1 - 7		TANT MEDICAL E		TXI		DATE SIGNED
SIGNATURE	mlas C. Camir	M.D.		CIATE MEDICAL E			7	1000
NAME (Type)	rles S. Spri	igate, M.D.	2300		AMMINEK	Ju.	Ly 7,	1909
24A. BURIAL CREMATION, 24 REMOVAL (Specify)		C. NAME of CEMETERY			LOCATION		, or county)	) (Stote)
Burial		t. Stanislaus	Cem.	Ba	alto.	Md.		
25A. DATE REC'D BY HEALTH D	1060 25B NAME	OF REGISTRAR	25C. F	UNERAL DIRECTO	OR .	A	DDRESS	

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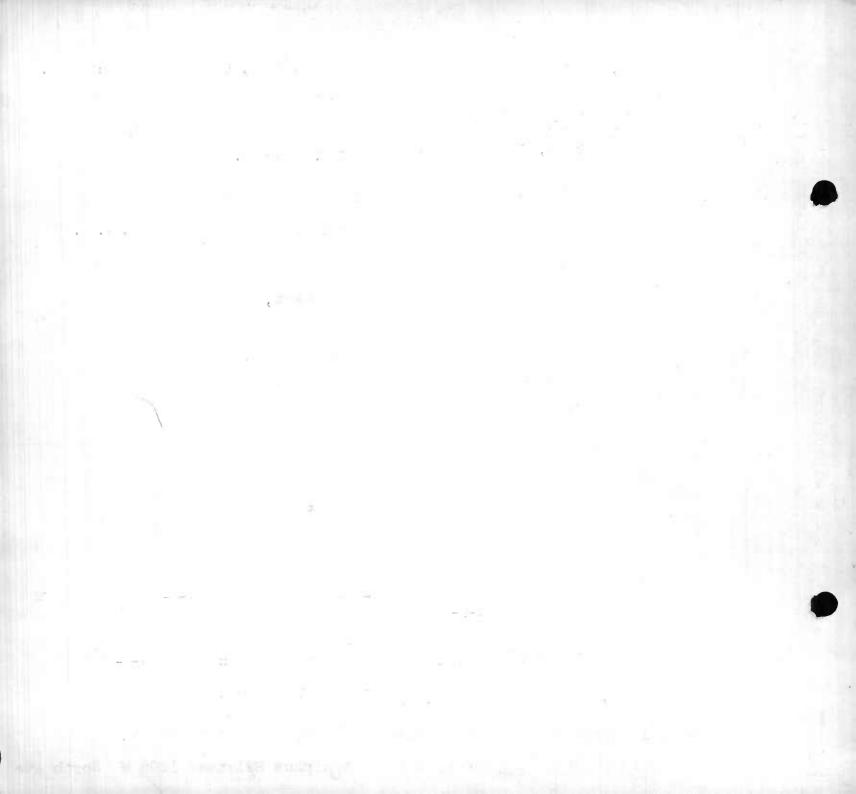
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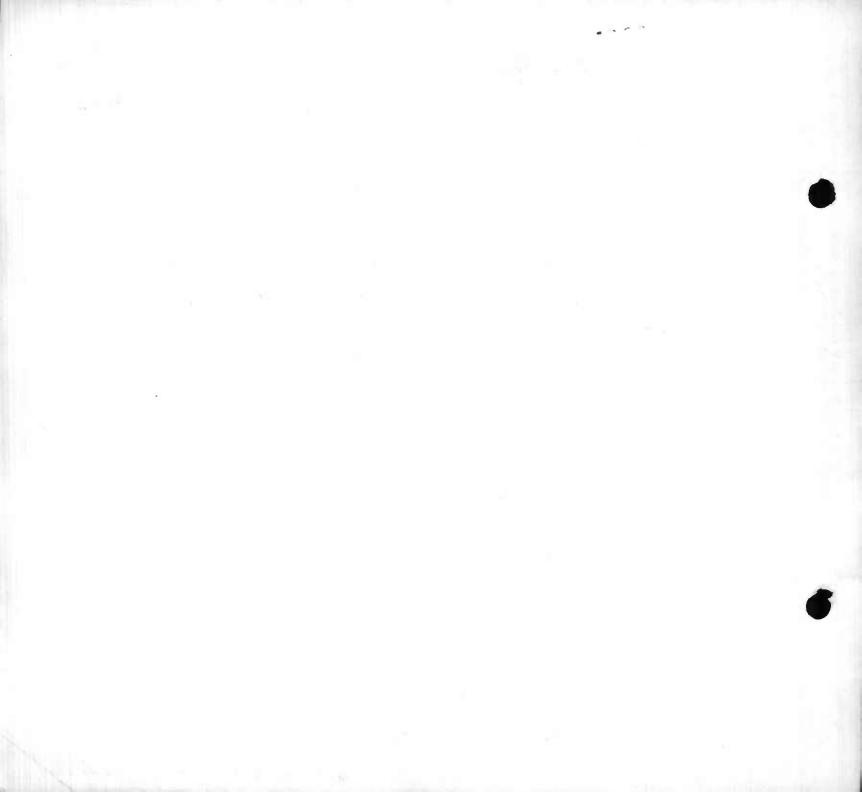


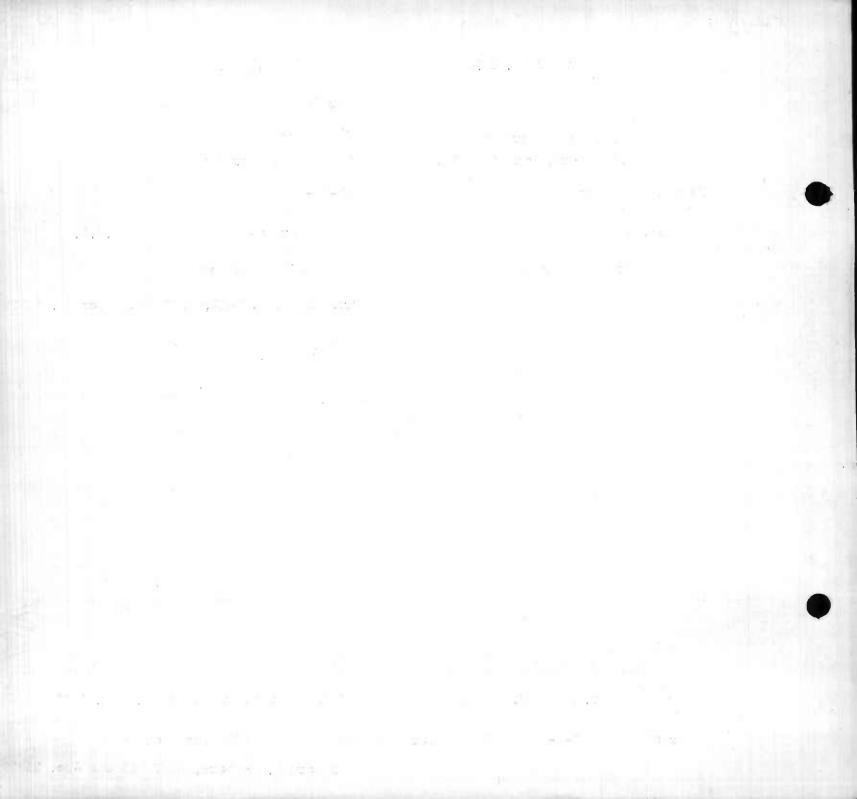
	BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  REG. NO.	69 6905
1.	I. NAME OF DECEASED BABY BOY GADDY  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  7-6-69	
3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. II	6:18 A <sub>N</sub>
FU	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  A. STATE  B. COUNTY  MARYLAND  ADDRESS OR LOCATION)	802
3	THE JOHNS HOPKINS HOSPITAL  BALTIMORE  E. STREET AND NUMBER  1609 N. PATTERSON F	NSIDE CITY LIMITS?  YES NO D
	MALE  6. RACE  NEGRO  7. MARRIED NEVER MARRIED S. DATE OF BIRTH  9. AGE (In yeors lost birthdoy)  1. DIVORCED 7. 7. 3. 69	Il Under 1 Ye. If Under 24 Hrs. Months Days Hours Min.
do	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country)	12. CITIZEN OF WHAT COUNTRY
13.	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	MAH
	JAMES GADDY  BARBARA HENLEY	
Ye	15. Wes Deceased Ever in U. S. Armed Ferces?  Yes, no of unknown) (If yos, give wor or doles of service)  16. SOCIAL SECURITY NO.	ADDRESS
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL
CATION	DISEASES OR CONDITIONS, if any, giving iso to the above couse (A) stoling the UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TEATH BUT NO	
CERTIFIC	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
CALC	OP CONTRIBUTION OF CAUSE OF INJURY 10.94 IN OF GOODI 21 C. WHERE DID	nore City, give exect location)
	21D. TIME (Month) (Doy) (Yeot) (Hour) 21E. INJURY OCCURED While At Work	
	22. I certify that (I) (this hospital) attended the deceased from 16 19 19 to	7/6 19 49
	that (1) (we) last saw the deceased alive on 1969 and that In(my) (our) or	pinion death occurred on the date
	and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.	
	Attending Med. Shaff Director Phys.	238. DATE SIGNED
	DAVID VALLE M.D. DEGREE WILLIAM DAVID PROPERTY OF THE PROPERTY	0 10101
24A	AA. BURIAL CREMATION INC. DATE	City, town, or county) (State)
	Burial 7-7-69 My ( Without ( ant Brill)	ml
Ac	54. DATE REC'D BY HEALTH DEPT. 1258. NAME OF REGISTRAR 25G FUNERAL DIRECTOR	ADDRESS
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April Ville US)









Paul J Edgar, 181 2. The Control of the Co

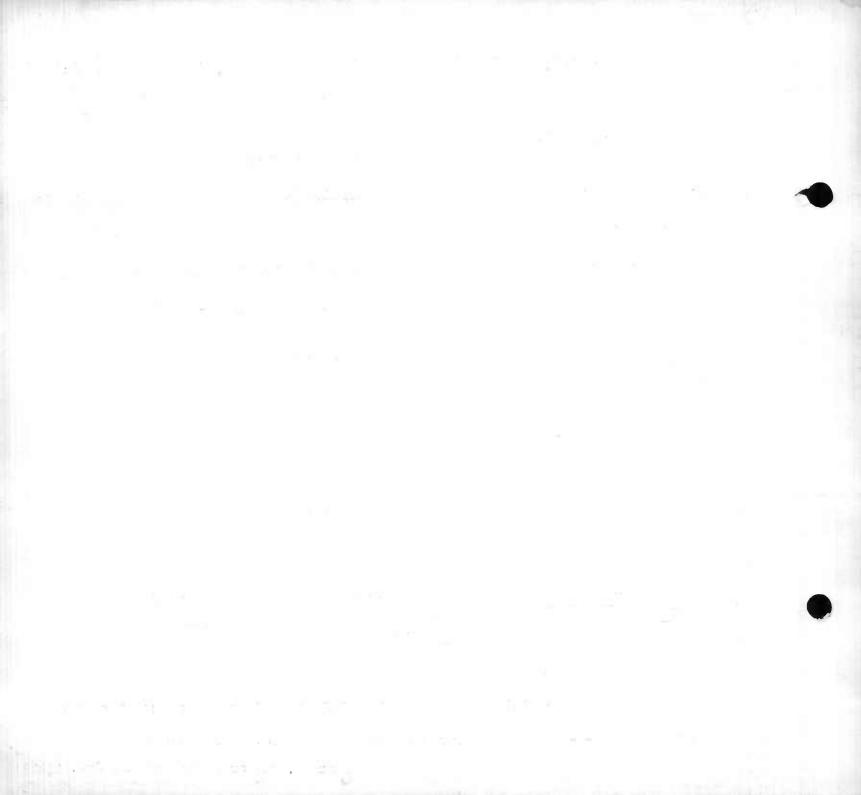
Such

	RE CITY HEALTH DEPARTMENT
BIRTH NO. 69 6911 CERTIF	FICATE OF DEATH REG. NO. 69 6911
I. NAME OF DECEASED	
(Type or Print) GEORGE A. HULL	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	JULY 6, 1969 3:10 AM  4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)  A, STATE  B, COUNTY
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE ADDRESS OR LOCATION!	MARYLAND BALTIMORE 2745
UNION HEMORIAL HOSPITAL	C. CITY OR TOWN  BALTIMORE  D. INSIDE CITY LIMITS?  YES NO
433 Mg & CALVERT ST. BALTIMORE	E. STREET AND NUMBER
MARYLAND	G217 HARFORD ROAD
5. SEX 6. RACE 7. MARRIED NEVER MARRIE	ED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye., If Under 24 Hrs. Months; Days Hours; Min.
M WIDOWED DIVORCE	ED 10-7-1897
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INE	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Draftsman Retired	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE A. HULL	CHARLOTTE HENNEGEN
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] [if yes, give wor or doles of service]  SECURITY NO.	17 INFORMANIE
No 217-03-8	Myrtle A. Hull - 6217 Harford Rd.
18. CAUSE OF	DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	Cardiac arrest
This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease,	ATE CAUSE OR AS A CONSEQUENCE OF:
	nic obstructive lung disease
ANTECEDENT CAUSES	nygora samena armatana ny sahija
DISEASES OR CONDITIONS, if any, giving DUE TO,	OR AS A CONSEQUENCE OF:
rise to the abave cause IA) stating the UNDERLYING CONDITION last. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  I TO THE DEATH BUT NOT RELATED TO THE TERMINAL  ODISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 121A. ACCIDENT WAS UNDERLYING 121R. PLACE OF INITIES	Y le-g., in or about 21 C. WHERE DID (II In Boltimore City, give exact location) heet, office bidg., INJURY OCCUR?
OF INJURY Month! (Doy) (Yeorl (Hour) 21 E INJURY OCCURRI	
	of While
22. I certify that (1) (this hospital) attended the deceased from	1969 to VULY 6 1969
that (we) lost saw the deceased alive on JULY	· · · · · · · · · · · · · · · · · · ·
and hour ond fram the causes stated abave. (4) (We) (did) (did)	at) view the hady after death.
23A. SIGNATURE	238, DATÉ SIGNED
Soulyn P. Ravarro 4D	Attending Med. Staff 1/1/1 / 1969
23C. PHYSICIAN'S EVELYN P.NAVARRO, M.D.	220 4000000
# 1 · · · · · · · · · · · · · · · · · ·	WIND WIENGSTON THE THE THE
24A- BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY	OF CREMATORY 240. LOCATION (City, town, or county) (Stotel
Burial 7/9/69 Gardens of	
ILL 9 1969 Jabert E. Harber	Robert C. Altenburg Funeral Home, In
/S 150-REV. 1/1/68	ibuly Harrord RdBalto., Md. 21214

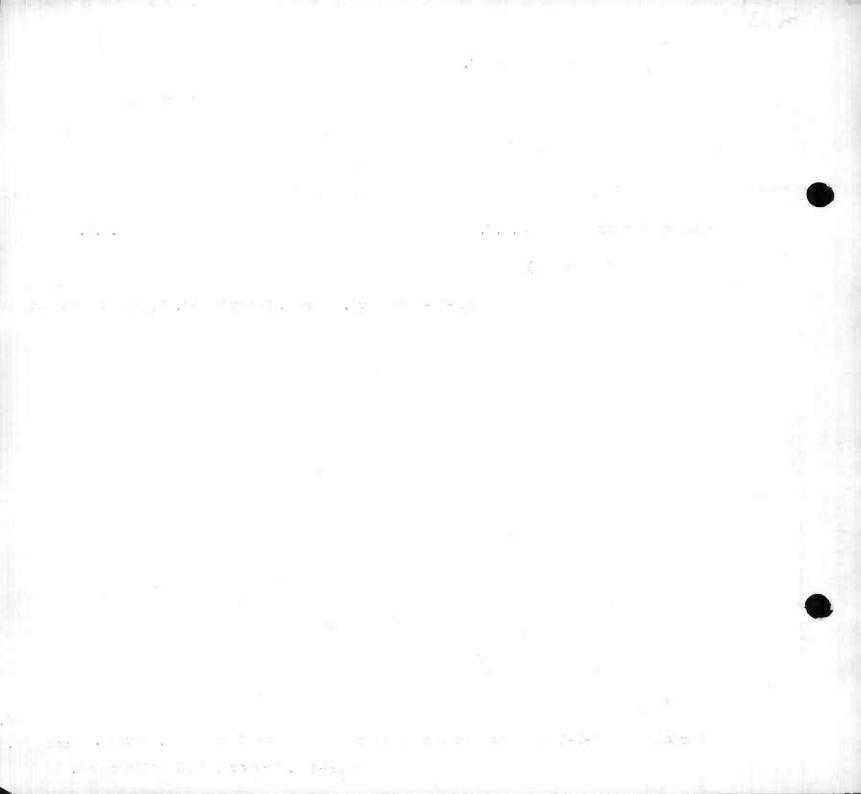
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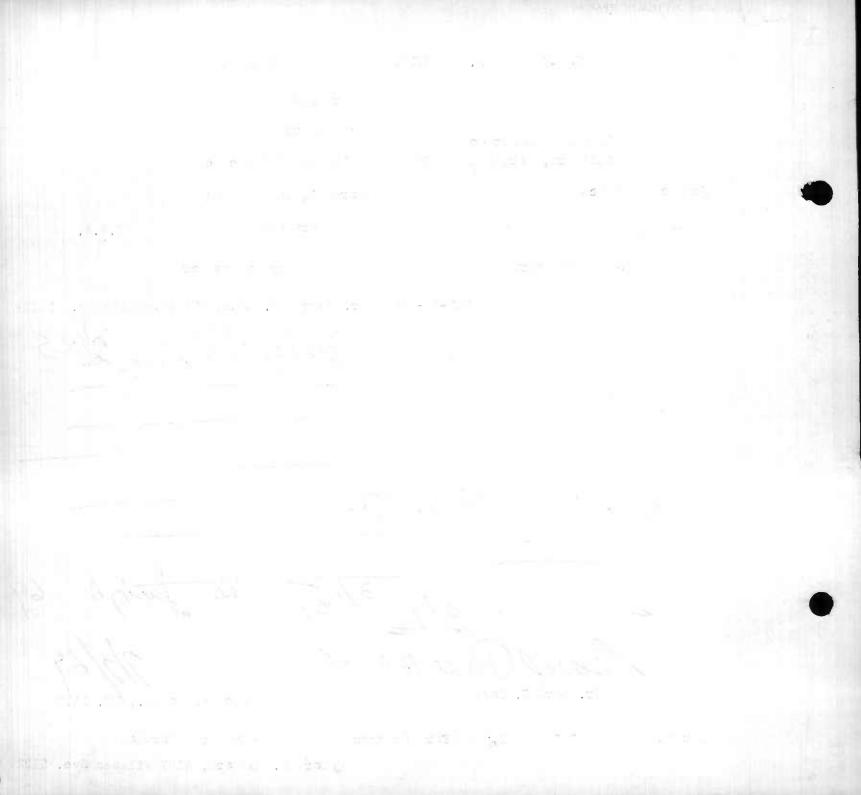
	69	691		Y HEALTH DEPARTMENT		00.0015
BIRTH NO.		001	CERTIFICA	TE OF DEATH	REG. NO	69 6915
I. NAME C	F DECEASED				AND HOUR OF DEAT	H
(Type or Pr	Curdin Will	Je sind	G.			a.m.
3. PLACE	IN BALTIMORE MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IN	here deceased lived. If	institution: residence before admission
				A. STATE B. CO	THE WOH TIME	Co
FULL NAM HOSPITAL INSTITUTION	OR ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	/// Q.	Anne A	
		, ,		C. CITY OR TOWN	D. 1N	ISIDE CITY LIMITS?
3 17	Mercy No	50:401	/	E. STREET AND NUMBER		YES NO X
-	mie iczy pro	4, 1		Rb#2 B	1x 48	
5. SEX	6. RACE	7. MARDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
Mal	z Cou	WIDOWED		3-18-1908	lost birthdoy)	Months Doys Hours Min.
	OCCUPATION (Give kind of work	KIND OF	DIVORCED DIVORCED	D 10 1108	61	
goue goung	most of working life, even it felited)	1		I I BIRITIFEA GE (Stole of I	oreign country)	12. CITIZEN OF WHAT COUNTR
	e Manager	A.D.T	•	OHiO		U.S.A.
13. FATHER	'S NAME			14. MOTHER'S MAIDEN N	IAME	
	( Unknown	1)		Minnie	Knox	
15. Was De	ceosed Ever in U. S. Armed Fornknown) (If yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS 21076
-	No	as of service)	SECURITY NO. 105-10-9623	Mana Arma M 3	In Country Dr	210/0
18.	1.1.0.0.1		CAUSE OF DEAT		accuray, Kt.	2, Box 48 Hanover,
	DISEASE OR CONDITION DI	DECTIV	CAUSE OF DEAT	1/20 - 1	on Tall	BETWEEN ONSET AND DEAT
	LEADING TO DEATH	KECILI	150	Menosu	pera	3 day
(This c	loes not mean the made of oilure, asthenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF	17 - 13.82	Jan Day
injury	onore, asinemo, etc. 11 means ar camplication which caused	death.)	MU	LOPATANA	v myanc	con.
	ANTECEDENT CAUSES		1111	act act		
DISEAS	SES OR CONDITIONS, II	anv. nivina	(B)OR AS	A CONSEQUENCE OF:	/	
rise I	o the obove cause (A) RLYING CONDITION last.	stating the				
UNDE	LTING CONDITION last.		(c)			.03
ZOTHER	II SIGNIFICANT CONDITIONS CO	AITDIDITING	0		.0100	3/21
OTHER S TO THE DISEASI 19A. DA	DEATH BUT NOT RELATED TO THE OR CONDITION GIVEN IN PAR	HE TERMINAL	- NN	eumon	10 ( 866	My
DISEASI	TE OF OPERATION 198. CON WAS PER	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or	Noll 208, IE VES WERE	EINDINGS CONSIDERD
E 2 .	WAS PERF	FORMED		400	IN CERTIFYING C	FINDINGS CONSIDERED
00 001	CIDENT WAS UNDERLYING	218,	PLACE OF INJURY (e.g., i	or obout 21C. WHERE DID	(If In Boltim	ore City, give exoct logation)
DEATH OF INJU	(notify medical exomined	1/ A hom	e, torm, foclory, street, of	ice bldg. INJURY OCCUR?	p = 2	
21 D. TIA	AE (Month) (Dov) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID I	MILIAY OCCUPA	
S OF INJU	JRY				MJUKT OCCURT	
				<u> </u>	-10	77 / /
	ertify that (I) (this hospital		e deceosed from	1///	_19	7-19
	(we) lost sow the decease	4	7-4	19 60 and	that In (my) (our) op	Inton deoth occurred on the dot
and ha	ur and from the causes stat	ed shave (I)	(WA) (dld) (dld not) v	lew the bady after death	ie	
23A. SIG	NATURE	111	1			238, DATE SIGNED
	X41/10/	11/A/	Atte	nding Med.	Shaff Phys.	7-41
23C. PH	SICIAN'S ME (Type)	- VIII	DEGREE	3D. ADDRESS	rnys.	7.70
2	hdo/namil	1	1/20h	MOVI	21 NOS	Dilal
AA. BURIAL	CREMATION, 248. DATE	24C NA	ME of CEMETERY OF CRE	// 5/ 6	1 17 - 2	100/
	CREMATION, 248. DATE			/		ity, town, or county) (Stote)
Buri			dowridge Cemet	ery Wa	shinton Blv	i. Dorsey. Howard C
OM DAIL	()	258, NAME O	3 0	25C. FUNERAL DIRECTO	OR .	ADDRESS
	JUL9 1969	الماند	c. dance, 120,	Howard Ho Hu	goard, 4107	Wilkens Ave. 21229
150-REV	1/1/68				111	



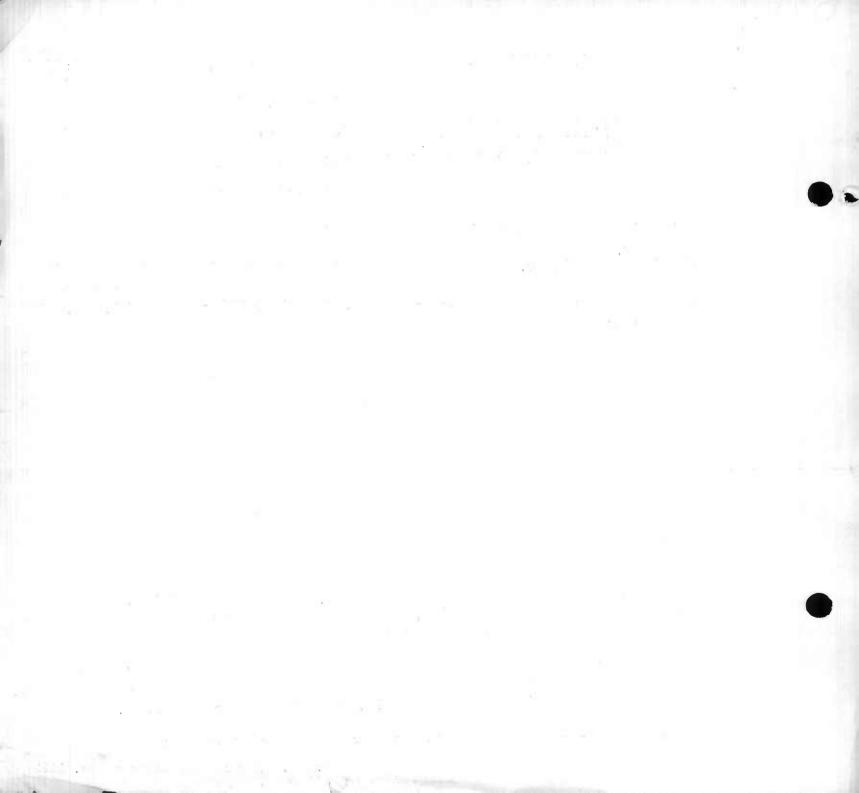
a hospital and

NAME OF DECE	ASED			2. DATE A	ND HOUR OF DEAT	H
Type or Printl	GLADYS	J	LINZ	Ju1	y 6, 1969	
B. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	JNCED DEAD		ere deceosed lived. If	institution: residence before admission
HILL NAME OF	OF NOT IN HOSPIT	AL OD INSTITU	ITION CIVE STREET			1551
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA	ATION)	JTION, GIVE STREET	Maryland C. CITY OR TOWN	D. In	NSIDE CITY LIMITS?
43111011014				Baltimore		YES NO
10	921 Rockhil	ll Avenu	e	E. STREET AND NUMBER		
	Baltimore,	Marylan	d 21229	921 Rockhill	Avenue	
SEX	6. RACE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
Female	White	WIDOWED	DIVORCED	March 2, 1908	61	
		108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for		12. CITIZEN OF WHAT COUNTR
one during most of w Housewife	vorking lile, even if retired)			Maryland		U.S.A.
3. FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN NA	ME	U,U,A
Will	Liam Hilde		16 505141	Katherin	e Kreiner	ADDRESS
es, no or unknown)	(Il yes, give wor or dote	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		WDDKE22
No			213-18-3336	Mr. George J.	Linz, 921 R	Rockhill Ave. 21229
hearl failure, injury or comp	al mean the mode of osthenio, etc. It means plication which caused NTECEDENT CAUSES  R CONDITIONS, if above cause (A)	the diseose, death.)	(8)	A CONSEQUENCE OF:	heimor	no *
heart failure, cinjury or comp  A  DISEASES O rise la the UNDERLYING  OTHER SIGNIFI TO THE DEATH DISEASE OR CC  19A. DATE OF	osthenio, etc. II means plication which caused ANTECEDENT CAUSES  R CONDITIONS, if above couse (A) CONDITION last.  II CANT CONDITIONS CONDITIONS CONDITION STATEMENT OF THE CONDITION	any, giving stating the TERMINAL TO TAKE TO THE TERMINAL THE T	(B) DUE TO, OR AS	A CONSEQUENCE OF:	o) 208. IF YES, WEE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OF THE UNDERLYING  OTHER SIGNIFITOT OTHE DEATH DISEASE OR CO. 19A. DATE OF OR CONTRIBUDEATH (notify)	oshenio, etc. II means plication which caused ANTECEDENT CAUSES  R CONDITIONS, if above couse (A) CONDITION last.  II CANT CONDITIONS COMBUT NOT RELATED TO TO NORTH NOT PRELATED TO TO TO NOT	any, giving stating the MIRIBUTING HE TERMINAL IT 1 (A).  IDITION FORMER AND THE TERMINAL IT 1 (A).  IDITION FORMER AND THE TERMINAL IT 1 (A).	(C)	A CONSEQUENCE OF:  A CONSEQUENCE OF:  20 A. AUTOPSY? (Yes or No or obout 21 C. WHERE DID flice bidg. INJURY OCCUR?	(If In Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?
heart failure, of injury or comparing the University of the Univer	oshenio, etc. II means plication which caused in the caused in the caused in the caused in the caused in the caused in the cause (A) is CONDITION to the cause (A) is CONDITION to the cause (A) is CONDITION to the cause (A) is CONDITION to the cause (A) is conditioned in the cause (A) is conditioned in the cause (A) is caused in the cause (A) is caused in the cause	any, giving stating the INTRIBUTING HE TERMINAL TI (A). IDITION FORMED 21B, home electrons and the Intrinsic stating the Intrinsic s	(B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) WHICH OPERATION  PLACE OF INJURY (e.g., in factory, street) of the control of the co	A CONSEQUENCE OF:  20 A. AUTOPSY? (Yes or Note of the consequence of t	(If In Boltin	
NO THER SIGNIFITO THE DEATH DISEASE OR COLUMN TO THE DEATH DISEASE OR COLUMN TO THE DEATH DISEASE OR CONTRIBUTED TO THE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. 1 certify that (1) (APPROX.)  23. SIGNATUR  23. PHYSICIAL	oshenio, etc. II means plication which caused INTECEDENT CAUSES  R CONDITIONS, if above couse (A) CONDITION last.  II CANT CONDITIONS COMBUT NOT RELATED TO TO TONDITION GIVEN IN PAR OPERATION 19B. CONDITION GOVERNMENT (Month) (Day) (Year)  that (I) (this hospital tost saw the decease of from the couses stoke the couse stoke the couse s	any, giving stating the example of the terminal transfer of the termina	WHICH OPERATION  (C)	A CONSEQUENCE OF:  A CONSEQUENCE OF:  20 A. AUTOPSY? (Yes or No or obout 21C, WHERE DID flice bidg. INJURY OCCUR?	JURY OCCUR?	nore City, give exoct locotion)
NO DISEASES OF THE PROPERTY OF	oshenio, etc. II means plication which caused INTECEDENT CAUSES  R CONDITIONS, if above couse (A) CONDITION last.  II CANT CONDITIONS COME BUT NOT RELATED TO TONDITION GIVEN IN PARTICIPATION LIPR. CONDITION GIVEN IN PARTICIPATION CAUSE OF medical examiner  (Month) (Day) (Year)  thot (I) (this hospital form the couses store	any, giving stating the TERMINAL AT 1 (A).  IDITION FORMED AND A 1 (B).  (Hour) 21E.  Who would be a controlled to bove, (I) T. Pass	WHICH OPERATION  (C)	20 A. AUTOPSY? (Yes or Not obout 21 C. WHERE DID IN 19 Ond to the whole bidge in 19 Ond to the whole bi	JURY OCCUR?  19 6 to hot in (my) ( Avenue, Ba	ppinion death occurred on the po
NO THER SIGNIFITO THE DEATH DISEASE OR COLUMN TO THE DEATH DISEASE OR COLUMN TO THE DEATH OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. 1 certify that (1) (APPROX.)  23. SIGNATUR  23. PHYSIGIAL	oshenio, etc. II means plication which caused INTECEDENT CAUSES  R CONDITIONS, if above couse (A) CONDITION last.  II CANT CONDITIONS COMBUT NOT RELATED TO TO TONDITION GIVEN IN PAR OPERATION 19B. CONDITION GOVERNMENT (Month) (Day) (Year)  that (I) (this hospital tost saw the decease of from the couses stoke the couse stoke the couse s	any, giving stating the example of the terminal transfer of the termina	WHICH OPERATION  (C)	A CONSEQUENCE OF:  A CONSEQUENCE OF:  120 A. AUTOPSY? (Yes or Not on the content of the content	JURY OCCUR?  19 to hot in (my) (	pinion death occurred on the

VS 150-REV. 1/1/6B



BIRTH NO.	65	9 69	1. /	TE OF DEATH	REG. NO.	69	6917
1. NAME OF DEC	DORSEY, RI	CHARD	N.		ND HOUR OF DEA		5.55 A
	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (Who	ero deceased lived.	Linstitution:	esidence before admission
FULL NAME OF HOSPITAL OR INSTITUTION		AL OR INSTITUTION	UTION, GIVE STREET	MARYLAND, C. CITY OR TOWN GLEN BURNI E. STREET AND NUMBER	ANNE ARI		5200
70			LAND 21229	105 FOREST	STREET	21061	
5. SEX	6. RACE			8. DATE OF BIRTH	9. AOE IIn years	1 10 10 4	a_1 Yr. , If Under 24 Hrs
MALE	WHITE	WIDOWED	DIVORCED	06/26/14	lost birthdoyl	Months	Doys Hours Min.
TRAINM	AN	RAILE		11. BIRTHPLACE (Stole or lore MARYLAND	pign country)	12. CIT	ZEN OF WHAT COUNTR
3. FATHER'S NAM	AEF.	.1		14. MOTHER'S MAIDEN NA	ME		
WILLIA	M DORSEY ,	Sr.		RUTH (NICOD	EMUS ) DOF	RSEY	DEC'D
5. Wos Decoosed	Ever in U. S. Armed For- III yes, give wor ar dole	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			EADERATION AVE
YES	WW2		214-01-8661	ST.AGNES HOS	PITAL-RAI	TIMOR	F MD 212
heori foilure, cinjury or comp  A DISEASES OF the UNDERLYING UNDERLYING OTHER SIGNIFING TO THE DEATH DISEASE OR CO	of mean the mode of asthenio, etc. 11 means of asthenio, etc. 11 means oblication which coused NTECEDENT CAUSES  R CONDITIONS, it above cause (A) CONDITION last.  CANT CONDITIONS CONTINUE TO THE SECONDITION SOLUTION SOL	the disease, death.)  any, giving stoling the MIRIBUTING HE TERMINAL 1 1 1 1 1.	(B) ACUTE DUE TO, OR AS (C)	SE ACUTE GASTAL A CONSEQUENCE OF:  MYELOCITIC LEU A CONSEQUENCE OF:			FIVE WEEK
19A-DATE OF	OPERATION 198. CONI WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTOPSY? IYes of No	IN CERTIFYING	E FINDINGS	CONSIDERED DEATH?
U 21A. ACCIDEN'	T WAS UNDERLYING	21B,	PLACE OF INJURY (e.g., In	or about 21 C. WHERE DID	//I to Rollin	-	and to set of
OR CONTRIBUT	TINO CAUSE OF modical examined	etc.)	y tolling roctory, allock on	ice bldg., INJURY OCCUR?	µ m bann	nore City, give	exoci location;
OR CONTRIBUT	INO CAUSE OF modical examined	Hour 21E	INJURY OCCURRED  e At Not While	21F. HOW DID INJ		nore City, give	e exoct location;
OR CONTRIBUTE DEATH (notify to that M) (we) I	modical exemined  (Month) (Doy)  Year)  (hat XI) (this hospital)  ast saw the decease	Hout 21 E. While World at the dalive an	injury occurred  At Not While At Work  deceased from JU  JULY 6,	21F. HOW DID INJ NE 22, 19 69 and th	URY OCCUR?	LY 6,	19 <u>69</u>
OR CONTRIBUTE DEATH (notify to that M) (we) I	(Month) (Doy) IYear)  That XI) (this hospital)  Tast saw the decease  from the causes state	Hout 21 E. While World at the dalive an	injury occurred  At Not While At Work  deceased from JU  JULY 6,	21F. HOW DID INJ	URY OCCUR?	ILY 6,	19 <u>69</u> h accurred an the date
OR CONTRIBUTE DEATH (nofity of the contributed of t	(Month) (Doy) IYear)  that XI) (this hospital)  ast saw the decease from the causes state	Hout 21 E. While World at the dalive an	INJURY OCCURRED  of At At Work  of deceased fram JU  JULY 6,  (We) (did) (dxdxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	21F. HOW DID INJ NE 22, 1969 and the way after death.	ury occur?	ILY 6, pinian deat	19 <u>69</u> h accurred an the date
OR CONTRIBUTE DEATH (nofity of the contributed of t	(Month) (Doy) IYear)  that (1) (this hospital) last saw the deceased from the causes state  E	Hour 21E. While World attended the dalive an	INJURY OCCURRED  At Work  deceased fram JU  JULY 6,  (We) (did) (dXdXxXxi)  Atten  Phys.  2	21F. HOW DID INJ  NE 22,  19 69 and the work body after death.  Med. Director	URY OCCUR?  1059 to JU  101 in ()()()( (aur) a  Staff Phys. —  WILK	ILY 6, pinian death 23B DATI 7/	1969 h accurred an the date signed /6/69 CATON AVES
OR CONTRIBUTE DEATH (nofity r  21 D. TIME OF INJURY IAPPROX.)  22. I certify t that (1) (we) I and haur and 23A. SIGNATUR  23C. PHYSICIAN NAME (Typ	(Month) (Doy) IYear)  that (1) (this hospital)  ast saw the decease from the causes state  For the causes state  ATION, 248, DATE  (coily)	Hour 21E. While World of the deliver an	INJURY OCCURRED  At Work  deceased from JU  JULY 6,  (We) (did) (dx/x/x/x/x/v)  Atten  DEGREE Phys.	21F. HOW DID INJ  NE 22,  19 69 and the work body after death.  ding Med. Director  3D. ADDRESS  T. AGNES HOSP  MATORY 24D. Lo	ury occur?  1059 to JU at In (XX) (aur) a  Stoff  WILK TAL-BALT	23B. DATI 7/ ENS & 0.,MD	1969 h accurred on the data to SIGNED /6/69 CATON AVES 21229 county) (Stote)

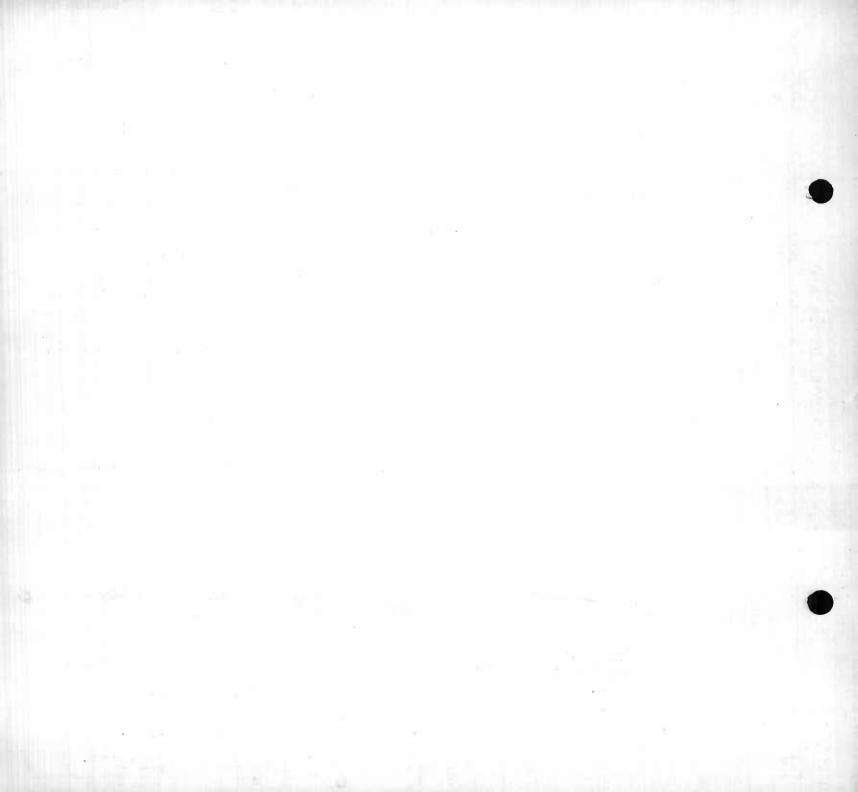


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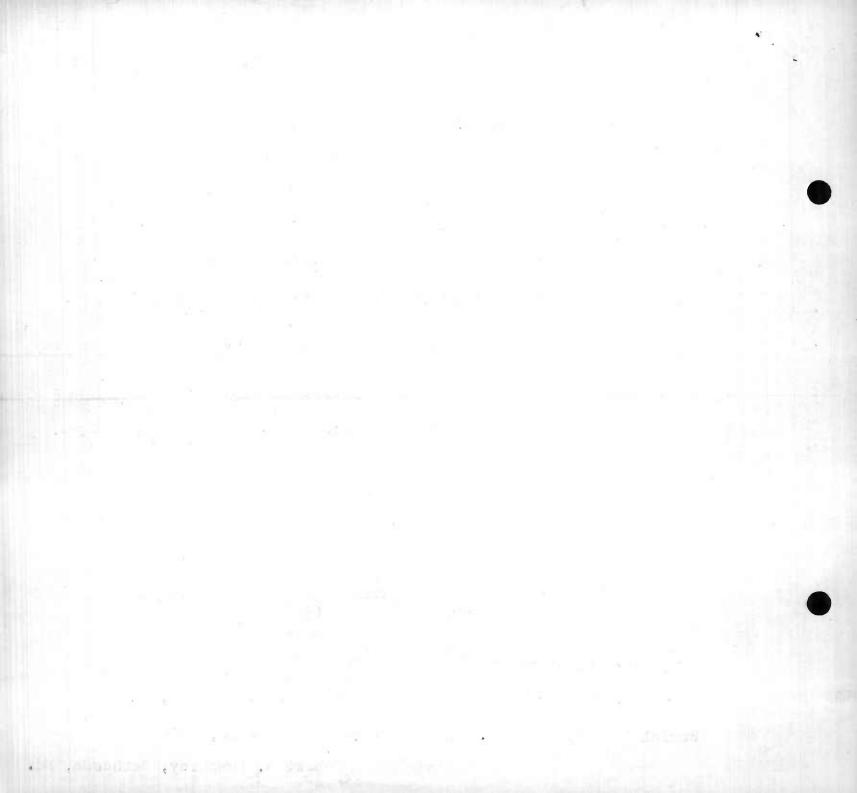
VS 151-REV. 1/1/68

69 6919 BALTIMORE CITY H		
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	6910
BIRTH NO.	REG. NO.	
I. NAME OF DECEASED Blizabeth (Type or Print)	2. DATE Known & Month Day	Yeor Hour
ANNIE E. HAYES	OF DEATH Estimoted	м
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, If institution	69 5:55p
	A. STATE  B. COUNTY	: residence before odmission)
820 N. Washington St.	Maryland	104
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
Female White WIDOWED DIVORCED	Balto.	s No
9. DATE OF BIRTH   10. AGE (In years   If Under 1 Yr, II Under 24 Hrs		S NO L
lost birthdoy) Months ; Doys ; Hours ; Min		
	820 N. Washington St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Freland WHAT COUNTRY?	Thomas Welby	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	RY 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)	w 9	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	Julia Kinavy	DDD555 03 03 0
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	18. INFORMANI	ODRESS 21218
no	Walter R. Hayes, son, 393	8 Loundes Ave
19. CAUSE OF DE	ATH	APPROXIMATE INTERVAL
Australia Australia	1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriose	lerotic cardiovascular disease	
/AIMMEDIATE	CAUSE	
(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:	
injury or complication which coused de oth.)		
ANTECEDENT CAUSES (8)		
	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z CNDERTING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED	21. AUTOPSY? (Yes or No)
Ö		
Z22A. EXTERNAL CAUSE WAS   122B, PLACE OF INJURY(e.g.	1000 1111-1-111	No
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	, In or obout 22C. WHERE DID (If in Boltimore City, give exoce bldg., etc.) INJURY OCCUR?	et locotion)
☐ UTING ☐ CAUSE OF DEATH.		
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT NO	T WHILE	
m, WORK AT	WORK L	
I certify that I held an Inquiry Inspection XX A	Manage To and Abad on Abba basis dead to	
		pinion
resulted from: Natural causes XX Acoident Suici	de Homicide Undetermined manner	
1000 1000	CHIEF MEDICAL EXAMINER	
ACTUAL MANUEL TO THE STATE OF T	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.I	·	
I ALABAT (T	ASSOCIATE MEDICAL EXAMINER	14.144
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	puty Chief Medical Examiner 7 or CREMATORY 240.10CATION (City, town,	/6/69 (State)
REMOVAL (Specify)		or county) (State)
Burial 7/9/69 Holy Redee	mer Cem. Baltimore, M	d.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		
111 0 1000 10 7. R. WA	Schimunek Funeral Hom	
1111 9 1969 wout E. Jaben M.D.	2601 E. Madison S	t.



VS 150-REV. 1/1/68

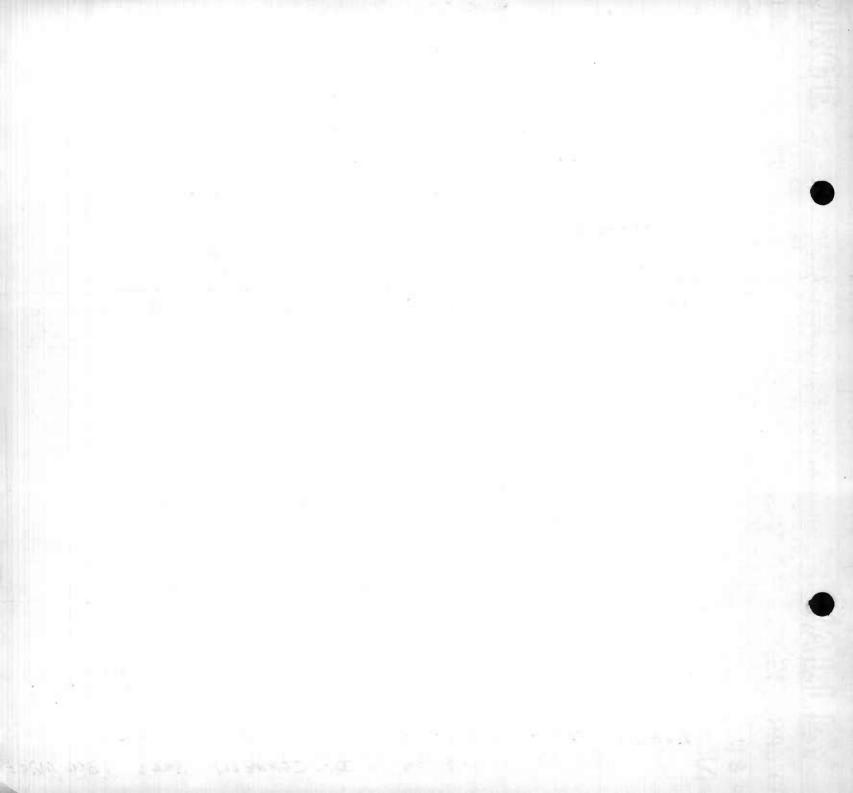
BALTIMORE CITY HEALTH DEPARTMENT



53-/6-84

IMPORTANT

FUNERAL DIRECTOR:

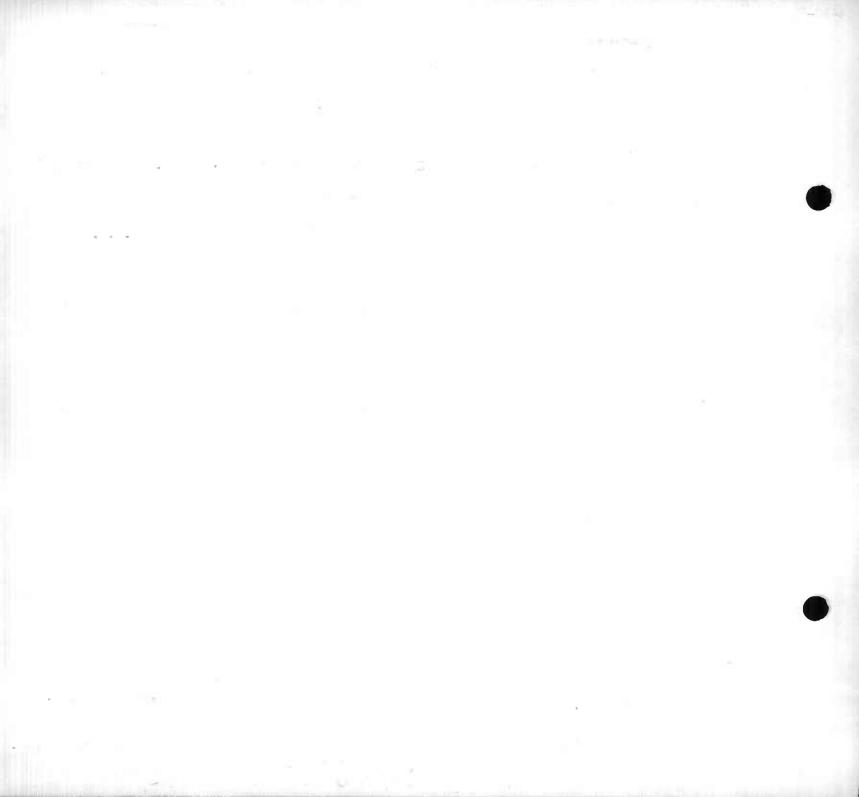


FUNERAL DIRECTOR: IMPORTANT

	00	ON CENTIFICA	TE OF BEATH	REG. NO.	
	TH NO.	CERTIFICA	TE OF DEATH		
(Typ	pe or Print) WILLIAM	LINDEMAI	2 DATE AN	1-3-69	, ,
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PR			e deceased lived. Wi	nstitution: residence before admis
FU	LL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLI	タルク	5300
IN:	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
1	24	,	E. STREET AND NUMBER	KZ-	YES NO
4	MERCY	HOSPITAL	# 914 E	BARRON	AUENUE
5. 5	111 - 11/11 - MAK	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Doye Hours M
104		DIVORCED DIVORCED DO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	06	
done	e during most of working life, even if retired)		hanne	gn country)	12. CITIZEN OF WHAT COU
13	70LD-MAKER BAUL	MIGARTER CO		TN /	
100	FARCE	1 NO EMPAL	14. MOTHER'S MAIDEN NAM	AE	
15. \	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		
(Yes	s,no or unknown) (If yes, give war or dotes of serv	ice) SECURITY NO.	WINFORMAN!	111	Lower
_	100	216-09-0901	reduce I I	molema	aleov
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	LEADING TO DEATH	(A)IMMEDIATE CAL	10 3) Caro O. a. a	. O Hanna	0.
- 1	1910 1			a mem	<u>Uan</u>
	This does not mean the mode of dying,	DUE TO, OR AS	A CONSEQUENCE OF:		
	this does not mean the mode of dying, heart foilure, asthenia, etc. It means the disc injury or complication which caused death.)	due to, or as	A CONSEQUENCE OF:		
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	heart failure, asthenia, etc. II means the dise injury ar complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gi	(8)	A CONSEQUENCE OF:		***************************************
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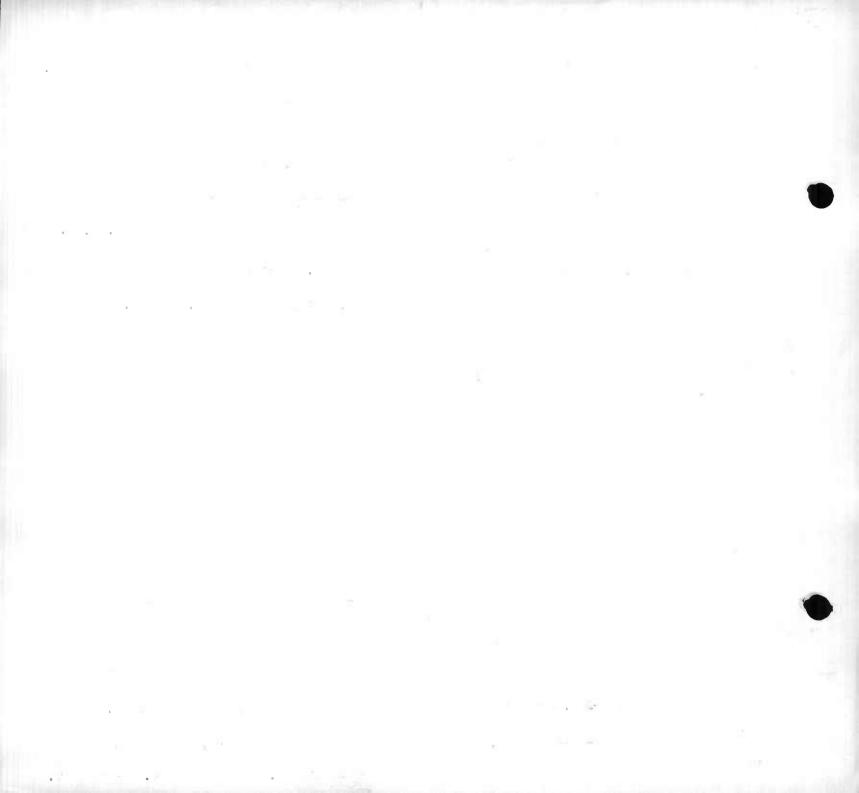
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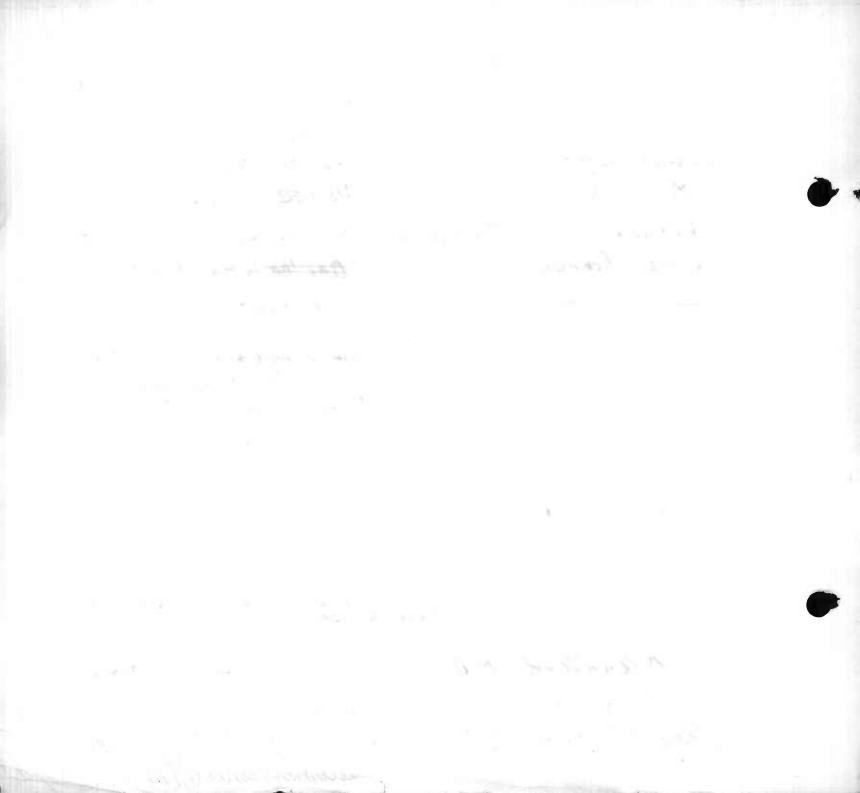


54-57-7	8 MAS	1	00 605-(4)	000	BALTIMORE CITY	HEALTH DEPARTMEN		54-57-78
	D-00-	RIDT	TH NO 69 - 1856	りりたり	CERTIFICA	TE OF DEAT	H REG. NO.	69 6925
	death death ease on the Suc		AME OF DECEASED		, ,		E AND HOUR OF DEATH	
	of deat of deat Decease e on th ath. Suc	тур	e or Print) Bally Bo	by woo	d -Joen	7-	_ ~ /	11:05 AM.
	n a hospital cause of c use; (5) Dece tendance or r to death.	FUE	LI NAME OF IF NOT IN HOSPITA SIPITAL OR ADDRESS OR LOCA THUTION  O  THE NOT IN HOSPITA  ADDRESS OR LOCA THUTION  O  THE NOT IN HOSPITA  THE NOT IN	AMEN	IDED	Maryland c. CITY OF TOWN Baltimore	OUNTY	SIDE CITY LIMITS?
	ting d cau	1		221.		E. STREET AND NUMB		
	orti ed ar pr	S. S				3615 Wabas	h Ave. 2121	If Under 1 Yr., If Under 24 Hrs.
	occurre ontribut ermined regular eased p		Vale Vegro	WIDOWED T	DIVORCED T	7-2-69	N-Born	Months Doys Haurs Min.
	re re re re re	10A.	. USUAL OCCUPATION (Give kind of work)					12. CITIZEN OF WHAT COUNTRY?
	or nde in dec	dane	e during most of working life, even if retired)		3000	Maryland		U.S.A.
	if deat rect or (4) Unde was ir the de spositio	13. 1	James   futcher	100		14. MOTHER'S MAIDEN		
Ę	共三元年 日刊					17. INFORMANT	Wood	ADDRESS
A	ssistar the of kind deat nce o	(Yes	Was Deceased Ever in U. S. Armed Force, no or unknown) (If yes, give war ar dates	af service)	SECURITY NO.			
LX.	if the any keed dance or fin		118. 0 0 0 dd		CAUSE OF DEAT		: 4940 Easter	n Ave. 21224
DIRECTOR: IMPORTANT	l examiner or his examiner. Also, (3) A fracture of a n who pronouncin regular attens are embalmed		DISEASE OR CONDITION DIRI LEADING TO DEATH (This daes nat mean the made at heart failure, astheria, etc. It means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a rise ta the above cause (A) UNDERLYING CONDITION last.	dying, e.g., the disease, death.)	(A) IMMEDIATE CAL DUE TO, OR AS (B) DUE TO, OR AS (C) PLA	ISE Prince A CONSEQUENCE OF: Maturit A CONSEQUENCE OF: Kentarl	y aprile	BETWEEN ONSET AND DEATH
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5	ital by e; (2) B vhere to No phy before	U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21 B. PLA hame, f	ACE OF INJURY (e.g., i arm, factory, street, o	n or obout 21C. WHERE D	ID (If in Baltime	ore City, give exact location)
	hospite nature; sept wh d (6) N ained b	11 =	21D.TIME (Manth) (Day) (Year) OF INJURY (APPROX.)	(Haur) 21 E. INJ While A Wark	At Not White At Work	21F. HOW DIE	NJURY OCCUR?	
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	muss elea ccide r hos to d		23A. SIGNATURE	-, M.	Ame Phy	ending Med. S. Director	Staff Phys.	23B. DATE SIGNED 7-2-69
	vas r An a . at o prov	0.4.	23C. PHYSICIAN'S NAME (Type) OTTO TE Otto Teixer	ra	GEGREE	Bacto	Cly Ho	21224 City, tawn, or county) (State)
	F \$ 0 0 0 0	24A	REMOVAL (Specify)  Cremated 7/3/69		imore City			Avenue, Baltimore, Md.
	This cert the body shows: ( was D.O decease	2SA			FGITTRADEL M.D	25C. FUNERAL DIRE	IOSPITAL D	ISPOSAL DDRESS
		VS	150-REV. 1/1/6B					

· Letter from B.C. H. H. O

	69	9 692		Y HEALTH DEPARTMENT	REG. NO.	69 6006
BIRTH NO.			CERTIFICA	TE OF DEATH	KEO. 110	03 0325
1. NAME OF DE	Bryan, M	arv			ND HOUR OF DEATH	
3. PLACE IN BA	LTIMORE MARYLAND,		NCED DEAD		7-7-69	2:20 pe
				IN- SIAIC B. COU	NTY	institution: residence before odmiss
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	Maryland		1901
ManionoM	Provident H	ospital		C. CITY OR TOWN Baltimor		SIDE CITY LIMITS?
30	1514 Divisi		ž	E. STREET AND NUMBER	9	YES NO
-/	Baltimore,	Maryland	21217		ncent Stree	ł.
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED X	8. DATE OF BIRTH		Il Under 1 Yr. , If Under 24 I
Female	Negro	WIDOWED	DIVORCED	12-27-40	9. AGE (In years lost bigthday)	Months Doys Hours Min
OA. USUAL OCC	UPATION (Give kind of wor working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	oign country)	12. CITIZEN OF WHAT COUN
Unemploy				West Virgin	ia	U.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDEN NA		
Togonh	A Dagger 0 to					
E Was Daniel	A. Bryan	rces?	6. SOCIAL	Mary M. Brya	n	
tes, no oi unknown	(If yos, give wor or dot	es of service)	SECURITY NO.			ADDRESS
no			CAUSE OF DEAT	Mrs. Shirley B	rown Sis.	16 N. Vincent St
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OF INITION	(Year)	(Hour) 21 E. II	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
IAPPROX.)		While Work		, _		
22, I certify	that (1) (this hospital		deceased from 6	92 60	10 '7	760
	Last saw the decease			10		-7-69 19
				ew the bady after deoth.	of in (my) (our) opi	nion death occurred an the de
23A. SIGNATU	RE / /	ed goove (1)	me/ (did) (did nat) vi	ew the bady after deoth.		
1/2	1/best 1	120	Les Atter	nding Ar Med.	Shaff [=]	238. DATE SIGNED
23 C. PHYSICIA	N'S	John	DEGREE Phys.	Director L	Staff Phys.	7-7-69
23 C. PHYSICIA NAME IT		/		3D. ADDRESS Provide:	nt Hospital	
G-1/BE	RT LI BAMFI	ELDI M	DEGREE	1514 Division S	treet - Ba	lti. Md.
REMOVAL (S	MATION, 248. DATE	Z4C.NAN	E of CEMETERY of CRE	MATORY 24D. LO	CATION (C)	ly, town, or county) (Stote)
Burial		9 Mt.	Calvery	Bro	oklyn, Mai	cyland
A. DATE REC'D	BY HEALTH DEPT.	258 NAME OF		25C. FUNERAL DIRECTOR		ADDRESS
	1111 9 1969	یے صیب	Jaber 120	Cherles A.	Rice 661	W. Barre St.
150-REV. 1/1/6	800					





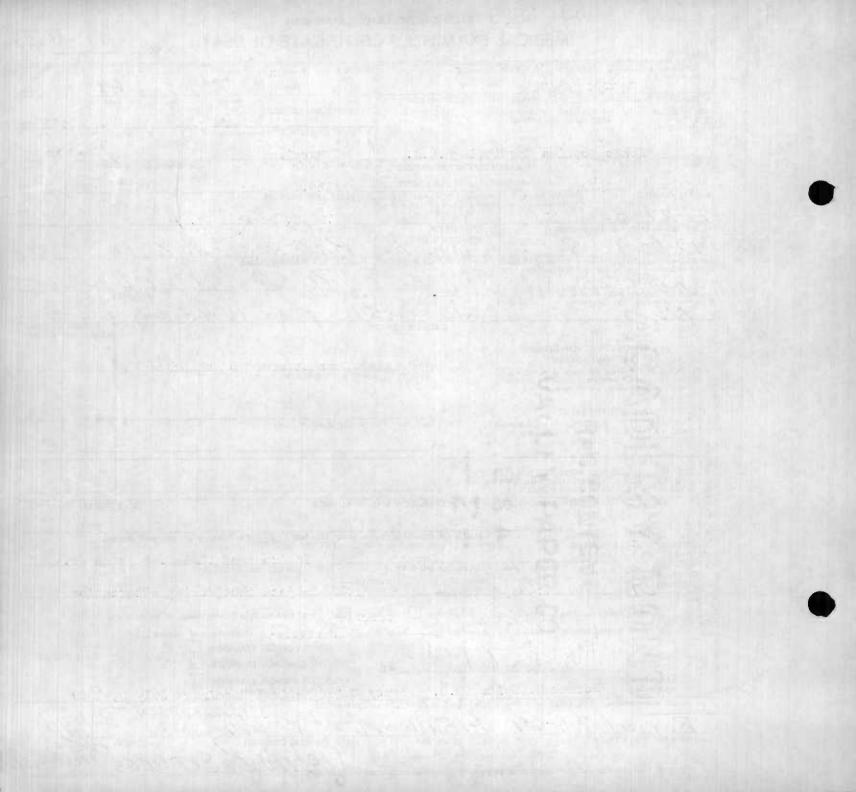
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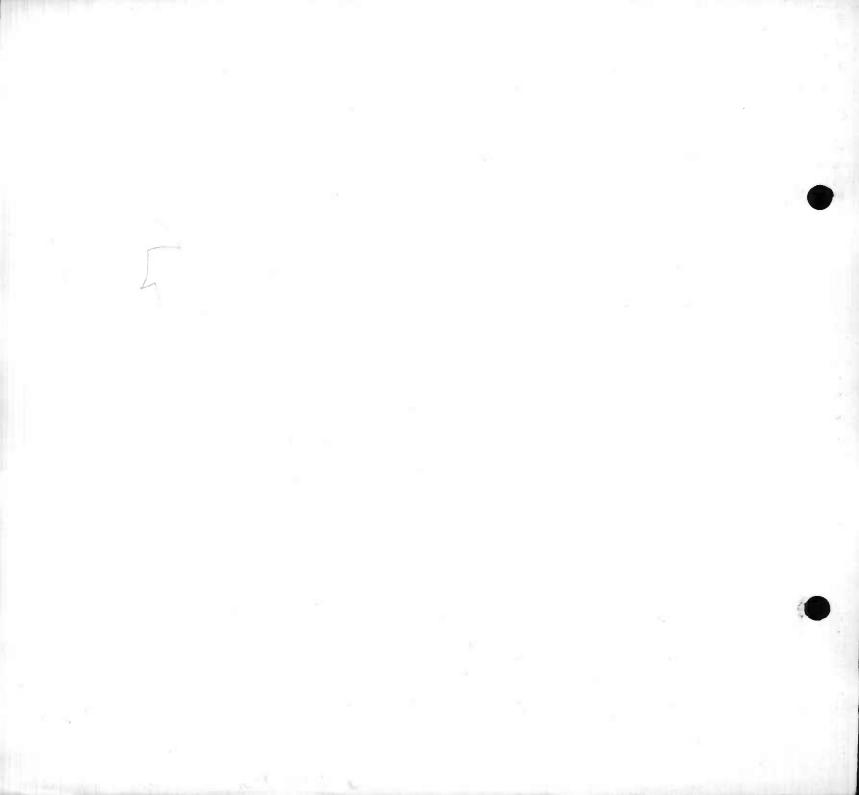
6928 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

6	9	692

I. NAME OF DECEASED BAKER GASQUE or (Type or Print)							
(Type or Print)							
	12	2. DATE OF	Known 🔀	Month	Doy	-0 -	nur
GASQUE BAKER		DEATH	Estimoted		5	69	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	D DEAD	3. DATE		Month	Doy	Yeor H	our
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV	ESTREET	PRONOUI	NCED DEAD			1010	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	-			July		1969	8:03 рм.
OK INSTITUTION		S. USUAL RES A. STATE	SIDENCE (Where		ed. If institution: I	residence befo	re odmission)
Johns Hopkins Hospital D			awal and		. COUNT	9.	19
	0.O.A.	C. CITY OR T	aryland		D. INSIDE CITY	LIMITS?	1
6. SEX 7. RACE B. MARRIED NEV	EK WAKKIED				D, 11401DE C111		_
Male Negro WIDOWED	DIVORCED	Balt	0.		YES	NO	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr	r. If Under 24 Hrs.	E. STREET AT					
10 011 7	s Hours Min.						
12-27-50 33	1 1			ton St			
11. BIRTHPLACE(Stole or loreign country) 12. CITIZEN	OUNTRY?	13. FATHER'S	NAME			300	
1 1. // 1 1 1 1 1 1 1 1 1 1 1	20 H.	150	KER	126	25 101	15	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINE		15. MOTHER	S MAIDEN NAM	AE	540	1	
done during most of working lile, even Il retired)		- 7	200		1) 1	/	1
LAPORER IENCE	(8)	1	00/1	1	116	4/1	+MS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. 50	CURITY NO	B. INFORM	ANT		ADD	DRESS 4 5	41
(Yes, no or unknown) (If yes, give wor or dotes of service)	CURITY NO.	21/2	Rosa	11)://	-	Tie	2/1
119.	CAUSE OF DEATH	1412.	KUSH	001/11	amo	40000	CIMATE INTERVAL
7-9651X	CAUSE OF DEATE	1					ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH							
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CA	USE Guns	hot wound	ot th	e chest		
heart foilure, osthenio, etc. it means the disease,	DOE TO, OK AS	ACONSEGO	ENCE OF				
injury or complication which coused death.)							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR AS	S A CONSECU	IENCE OF				
RISE TO THE ABOVE CAUSE (A) STATING THE	202 10, 011 11	5 A COMBEQ!	DEINCE OI.				
Z UNDERLYING CONDITION LAST.	(c)						
<u></u> Θ							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH		PERFORME	D			21. AUTOPSY	? (Yes or No)
IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		PERFORME	D				
₹ 22A. EXTERNAL CALISE WAS 122B PLACE	OPERATION WAS			If to Bold		YE.	
₹ 22A. EXTERNAL CALISE WAS 122B DI ACE		or obout 220	C. WHERE DID	lf In Baltimore		YE.	
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH.	OPERATION WAS	or obout 220	C. WHERE DID (		City, give exoct	VES	1001
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 122E, INJU	OPERATION WAS	or obout 220 bldg., etc.) IN.	C. WHERE DID	of 12	City, give exect	YE.	1001
Z2A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJU (APPROX) WHILE AT	OPERATION WAS  OF INJURY (e.g., in octory, street, office to street)	or obout 220 bldg., etc.) IN.	C. WHERE DID ( OURY OCCUR?  In front	of 12	City, give exect	VES	1001
22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIBUTION OF CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY (APPROX.) 7 5 69 7:45 p.m. WORK	OPERATION WAS  OF INJURY (e.g., in octory, street, office to street)	or obout 220 bidg., etc.) IN.	C. WHERE DID ( OURY OCCUR?  In front	of 12	City, give exect 31 E. Pr	YES location)	3 /00/ St.
Z2A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJU WHILE AT WORK  23.	OPERATION WAS  OF INJURY(e.g., in octory, street, office to street, office to street)  NOT WAT WO	or obout 220 bldg., etc.) IN.	C. WHERE DID ( JURY OCCUR?  In front The front The Howeld IN Subject s	of 12 lury occur shot du	Cliy, give exoct  31 E. Pr  ??  ring alt	YES  location)  reston S  recation	3 /00/ St.
Z2A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY (APPROX.) 7 5 69 7:45 pm. WORK  23.	OPERATION WAS  OF INJURY(e.g., in octory, street, office to street, office to street)  NOT WAT WO	or obout 220 bidg., etc.) IN.	C. WHERE DID ( JURY OCCUR?  In front The Howeld India	of 12 lury occur shot du	Cliy, give exoct  31 E. Pr  ??  ring alt	YES  location)  reston S  recation	3 /00/ St.
ZZA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OF CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJU WHILE AT WORK  23.  1 certify that I held on Inquiry Inspec	OPERATION WAS  OF INJURY (e.g., in octory, street, office to Street  RY OCCURRED  NOT WAT WO  ction Auto	or obout 220 IN.	C. WHERE DID ( JURY OCCUR?  In front The How DID IN  Subject s  and that on the	of 12 ury occur shot du	City, give exoct  31 E. Pr  ring alt	VESTON Servention	3 /00/ St.
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJU WHILE AT WORK  23.	OPERATION WAS  OF INJURY (e.g., in octory, street, office to Street  RY OCCURRED  NOT WAT WO  ction Auto	ror obout 220 IN.  WHILE XX	C. WHERE DID (IURY OCCUR?  In front to the total that on the little of t	of 12 ury occur shot du is basis, d	City, give exoct  31 E. Pr  ring alt  eath in my of	VESTON Servention	3 /00/ St.
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJU WHILE AT WORK  23.  1 certify that I held on Inquiry Insperent Insperent Control Courses Accident	OPERATION WAS  OF INJURY (e.g., in octory, street, office to Street  RY OCCURRED  NOT WAT WO  ction Auto	ror obout 220 IN.  WHILE XX	C. WHERE DID ( JURY OCCUR?  In front The How DID IN  Subject s  and that on the	of 12 ury occur shot du is basis, d	City, give exoct  31 E. Pr  ring alt  eath in my of	YESTON STEERS OF THE PROPERTY	5/00/ 5t.
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OF CONTRIBU	OPERATION WAS OF INJURY (e.g., incoclory, street, office to Street  NOT WAT WO ction Auto Suicide	AHILE VX	C. WHERE DID (IURY OCCUR?  In front to the total that on the little of t	of 12 URY OCCU shot du sis basis, d Judetermin	City, give exoct  31 E. Pr  ring alt  eath in my of	YESTON STEERS OF THE PROPERTY	3 /00/ St.
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22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJU VAPPROX.) 7 5 69 7:45 pm. WHILE AT WORK  23.  1 certify that 1 held on Inquiry Insperience of the control causes Accidented  ACTUAL SIGNATURE EXAMINER'S	OPERATION WAS  OF INJURY (e.g., in octory, street, office to Street  IRY OCCURRED  NOT WAT WO  ction Auto  Suicide  M.D.	ASSIST	C. WHERE DID (IURY OCCUR?  In front the thing of the thing of the tenth of the tent	of 12 URY OCCUI Shot du is basis, d Judetermin XAMINER [ XAMINER [	City, give exoct  31 E. Pr  ring alt  eath in my of	reston (cercation)	St.
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22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJU OF INJURY (APPROX.) 7 5 69 7:45 pm. WHILE AT WORK  23.  1 certify that I held on Inquiry Insperent of the control causes Accident ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.	OPERATION WAS  OF INJURY (e.g., in policy, street, office to Street  IN OCCURRED  NOT WAT WO  etion Auto  Suicide  M.D.  D. Deputy  E of CEMETERY or	ASSIST ASSOCY Chief CREMATOR	C. WHERE DID (IURY OCCUR?  In front the thing of the thing of the tenth of the tent	of 12 URY OCCUI Shot du is basis, d Judetermin XAMINER [ XAMINER [	Clty, give exoct  31 F. Pr  ring alt  eath in my of	reston (cercation)	St.  On  TE SIGNED
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJU OF INJURY (APPROX.) 7 5 69 7:45 pm. WHILE AT WORK  23.  1 certify that I held on Inquiry Insperience resulted from: Natural causes Accident ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.  24A. BURIAL CREMATION, REMOVAL (Specify)  32B. PLACE home, lorm, for work of the company of t	OPERATION WAS  OF INJURY (e.g., in octory, street, office to Street  INY OCCURRED  NOT WAT WO  ction Auto  Auto  M.D.  D. Deputy  E of CEMETERY or	ASSIST ASSOCY CHIEF T CREMATOR	C. WHERE DID (IURY OCCUR?  In front for the state of the	Shot du  sis basis, d  Jndetermin  XAMINER [  XAMINER [  XAMINER II  OCATION  Phone	City, give exoct  31 F. Pr  ring alt  eath in my of  ed monner  City, town,	reston Scercation	St.  On  TE SIGNED
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22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJU WHILE AT WORK  23.  1 certify that I held on Inquiry Insperience resulted from: Natural causes Accident ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.  24A. BURIAL CREMATION, 24B. DATE  24A. BURIAL CREMATION, REMOVAL (Specify)  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC	OPERATION WAS  OF INJURY (e.g., in octory, street, office to Street  INY OCCURRED  NOT WAT WO  ction Auto  Suicide  M.D.  D. Deputy  E of CEMETERY or  SISTRAR	ASSIST ASSOCY CREMATOR  25C, FU  25C, FU  25C, FU  25C, FU  25C, FU	C. WHERE DID (IURY OCCUR?  In front for the state of the	Shot du  sis basis, d  Jndetermin  XAMINER [  XAMINER [  XAMINER II  OCATION  Phone	City, give exoct  31 F. Pr  ring alt  eath in my of  ed monner  City, town,	reston Scercation	St.  St.  St.  St.  St.  St.  St.  St.





IMPORTANT

DIRECTOR:

FUNERAL

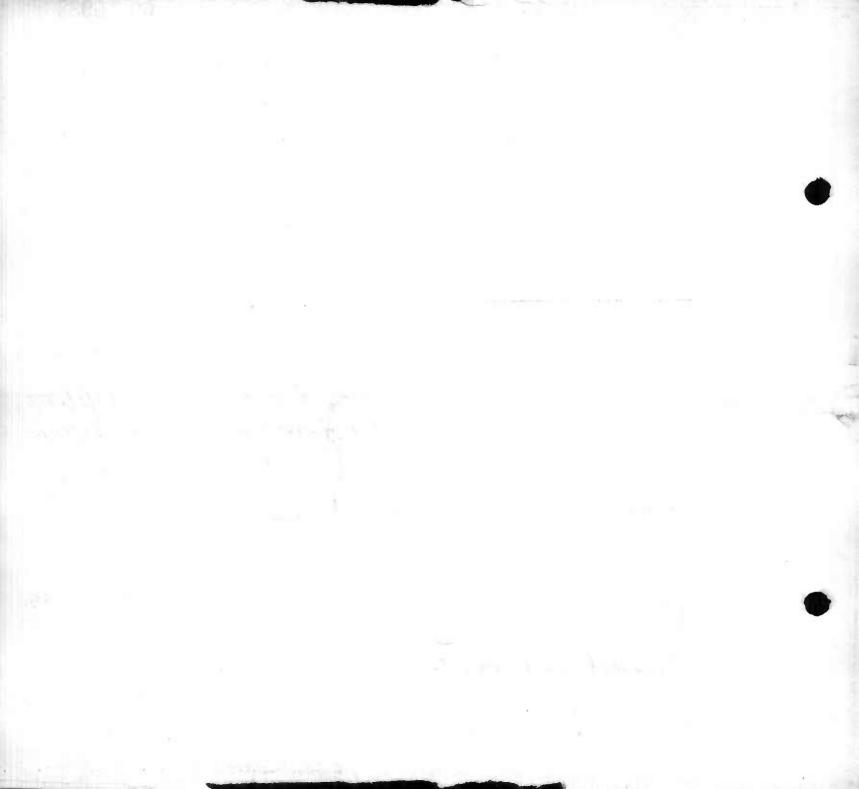
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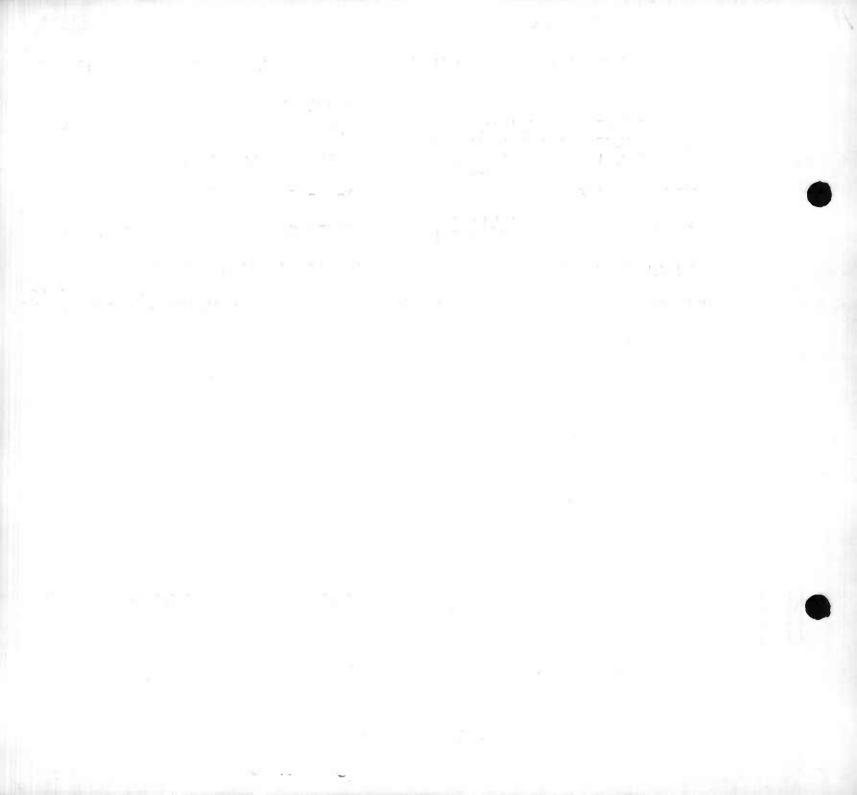
Franker of the second of

S. PLACE ON DEATH IN BALTIMORE MARELAND   1.4 USUAL RESIDENCE (White decembed fived. It institution residence before the property of the control of the co	TILL NAME OF Util not in baspiel or institution, give sheet  PULL NAME OF Util not in baspiel or institution, give sheet  Offices of Distant IN BALTIMORE, MAPLAND  A, STATE 8. COUNTY III outside city limits, write RURAL and give lownshin  ANNAPOLIS  D. STREET ADDRESS (III rund), give location)  1794 B BELLE DRIVE  S. SEK (6. RACE 7. Ametrica) III Under 17 to III U	3. FLACE ON DEATH IN BALTIMORE, MARTLAND  5. PLACE ON DEATH IN BALTIMORE, MARTLAND  FULL NAME OF PLACE ON DEATH IN BALTIMORE, MARTLAND  FULL NAME OF BUSINESS IN IT NOT BELLED IN IT NOT BELLED IN THE RUSH AND IN IT NOT BELLED IN IT IN IT IT AND IT IT IN IT	DIK	90 0002	IFICATE OF DEATH  Registered No. 69 693
FULL NAME OF HOSPITAL OF HOSPITAL ADDRESS OF INDUSTRY II. STREET ADDRESS (If note, give a sweet address or location)  3 BALTIMORE, MD 21205  5. SER 6. RACE 7. MARTHEN, NEVER MABRIED WIDOWS, BUNDORS (If note, give location)  1. STREET ADDRESS	FULL NAME OF ORDITIONS   Continue to the process of the course of the	FILL NAME OF IT OF THE PROBECT OF THE PROBET OF THE PROBECT OF THE PROBET OF THE PRO	(Ту	e or Pary! [ ent Tosen) M	2. DATE AND HOUR OF DEATH  JULY 5.169 104
5. SEX   6. RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (in years)   10. Under 1 17.   11 Umder 1 17.   11	17. MATRIES NEVER MARRIED S. DATE OF BIRTH 18. ADDRESS Months: Doys House the budget of the budget o	1794 B BELLE DRIVE  1. SORTE OF BIRTH  1. SOCIAL  1. MOTHER'S MADE IN JUNE 3. Q 3. Q 4 12 12 12 12 12 12 12 12 12 12 12 12 12	11	OSPITAL OR Oddress or locotion)  NSTITUTION  THE JOHNS HOPKINS HOSPITA	C. CITY OR TOWN (If outside city limits, write RURAL and give township ANNAPOLIS
Court of working life, even if refired	TIS. FATHERS NAME  DANIEL E. GILBERT  14. MOTHERS MAIDEN NAME  DANIEL E. GILBERT  15. Was. Deceased Ever in U. S. Amad Forces?  (Tes, no or unknown) (If yes, give wor or doles of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follow, estimate, etc. If means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITION IS, if any, giving lise for the above cause (A) stalling the UNDERLYING CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSE OF DEATH?  DISEASE OR CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION CAUSE OF DEATH?  DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION OR CONTRIBUTING TO THE DISEASE OR CONDITION OR	ADDRESS   ADDR		EX 6. RACE 7. MARKIES, NEVER MARRIE WIDOWED, DIVORCES (or	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Un Months; Doys Hours 320aus 1 2
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor of dotes of service)  18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise for the above cause (A) sfoling the UNDERLYING CONDITION Soft.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OF A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  OR CONTRIBUTING CONTRIBUTIONS CONTRIBUTIONS OF INJURY (e.g., in or obout 21F. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  OF INJURY (APPROX.)	15. Was Deceased Ever in U. S. Armed Forces? (Tes, no or unknown) (If yes, give wor or dotes of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS (Tes, no or unknown) (If yes, give wor or dotes of service)   18.   DANIEL E. CIBERT ##	18.   CAUSE OF DEATH	don	during most of working life, even il retired)	MD. WHAT COUNTRY
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19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While At   Not While   At Work   21F. HOW DID INJURY OCCUR?	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  19B. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  19B. DATE OF OPERATION 20A. AUTOPSY? (Yes or No.) 20B. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  19B. DATE OF OPERATION 20A. AUTOPSY? (Yes or No.) 20B. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  19B. DATE OF OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IN CERTIFYING CAUSES OF DEATH?  19B. DATE OF OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IN CERTIFYING CAUSES OF DEATH?  19B. DATE OF OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IN CERTIFYING CAUSES OF DEATH?  19B. DATE OF OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IN CERTIFYING CAUSES OF DEATH?  19B. DAT	19A. DATE OF OPERATION   198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   No CRITISH TING CAUSES OF DEATH?   No CRITIFYING CAUSES OF DEATH?		(This does not mean the made of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DU  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  CONTRIBUTION	(PDA) POSITION Great VESSE (S)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED  While At Not While At Work  At Work  21F. HOW DID INJURY OCCUR?	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work 22. I certify that (I) (this haspital) attended the deceased from TUNE 19.69 to TUNE that (I) (we) last saw the deceased alive an TUNE 19.69 and that in my (aur) apinian death accurred	21D. TIME OF INJURY (APPROX.)  While At Work  22. I certify that (I) (this haspital) attended the deceased from TUXE 19.69 to TUX  that (I) (we) last saw the deceased alive an TUXE 19.69 and that in (my) (aur) apinian death accurred and hour and from the causes stated above. (I) (We) (II) (did nat) view the bady after death.  23A. SIGNATURE  A. DATE SIGNED  23C. PATSICIAN'S  NAME (Typp)  LLOYD A. JACOBS  M.D. Attending Med. Stoff Phys. THE JOHNS HOPKINS HOSPITAL	efore the	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. A CCIDENT WAS UNDERLYING 218. PLACE OF INJURY.	URY (e.g., in or about 21 E. WHERE DID (If in Baltimore City, give exact location
	that (1) (we) last saw the deceased alive an TULK 5 19 6 9 and that in (my) (aur) apinian death accurred	that (1) (we) last saw the deceased alive an		(APPROX.) While At Work	Not While At Work





	69 6934  CERTIFICATE OF DEATH  REG. NO. 69	6934
	RTH NO.	3334
	NAME OF DECEASED  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH	
3 8	HUMPSTON, HOWARD KEITH JULY 06, 1969 10:	
3, 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where doceosed lived, Il institution: residence A. STATE B. COUNTY	
FUL HO	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOGATION)  G. CITY OR TOWN  ID. INSIDE CITY LIMITS?	00
INST	ISTITUTION CT ACMES LIGEDITAL C.CITY OR TOWN D. INSIDE CITY LIMITS?	
- 4	WILKENS & CATON AVENUE RELAY YES N	10 🛚
	BALTIMORE 21229, MD. 1537 S. ROLLING ROAD	
5. SE	SEX 6. RACE 7. MADDIED Y NEWS MADDIED 18. DATE OF SIRTH 19. AGE (In MOOR 11 Hades 1 V.	Il Under 24 Hours M
	MALE   WHITE   WIDOWED   DIVORCED     ()1~28~05   64	Hours N
done	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF V	VHAT COU
	FOREMAN CONSTRUCTION CO TENNESSEE U.S.A	
13. F	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	WILLIAM HUMPSTON HARRIET (CARSON) HUMPSTON	
15. W (Yes,	Wos Decessed Ever in U. S. Armed Foices?   16. SOCIAL   17. INFORMANT ADDRES	5 0 1 0 0
	JNKNOWN BALTO.MD  414077467 ST.AGNES HOSPITAL, WILKENS &CA	TON
$\overline{}$	18. CAUSE OF DEATH	MATE INTER
	DISEASE OR GONDITION DIRECTLY	ONSET AND
	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE PULMONARY EDEMA AND	
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused dooth.)	
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1 1		
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A	IIO THE DEATH BUT NOT RELATED TO THE TERMINAL RESERVED VALLY 3 , 969	
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476	TO TO TOTAL PRESENTE RANGE	
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2 2	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
N C	OF INJURY  While At   Not While	
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		1960
	and have and from the causes stated above. (i) (We) (did) (did not) view the bady after death.	ed an the
	23A. SIGNATURE 23B. DATE SIGNED	
	RALOW V DA AND Attending 57 Med. C Shaff C	1910
2	23C-PHYSICIANS NAME Prysician  23D- ADDRESS  23D- ADDRESS	1767
	Kalph land kun 3350 WILKENS HE BATH	eu ma
24A.	A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(510
R	211110 16 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
25A.	A. DATE REC'D BY HEALTH DEPT. 125B, NAME OF REGISTRAR 125C, FUNERAL DIRECTOR	SS CC
	A. DATE RECO BY HEALTH DEPT. DER NAME OF REGISTRAR 250, FUNERAL DIRECTOR ADDR	Rd
5 1:	150-REV. 1/1/68	

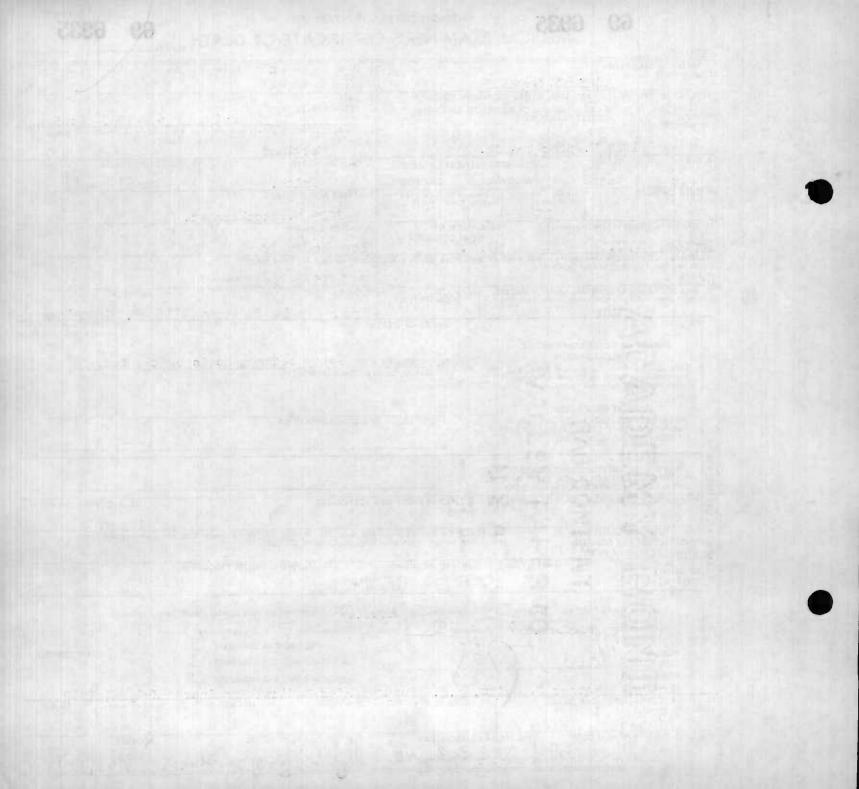


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BALTIMORE CITY HEALTH DEPARTMENT 69 6935

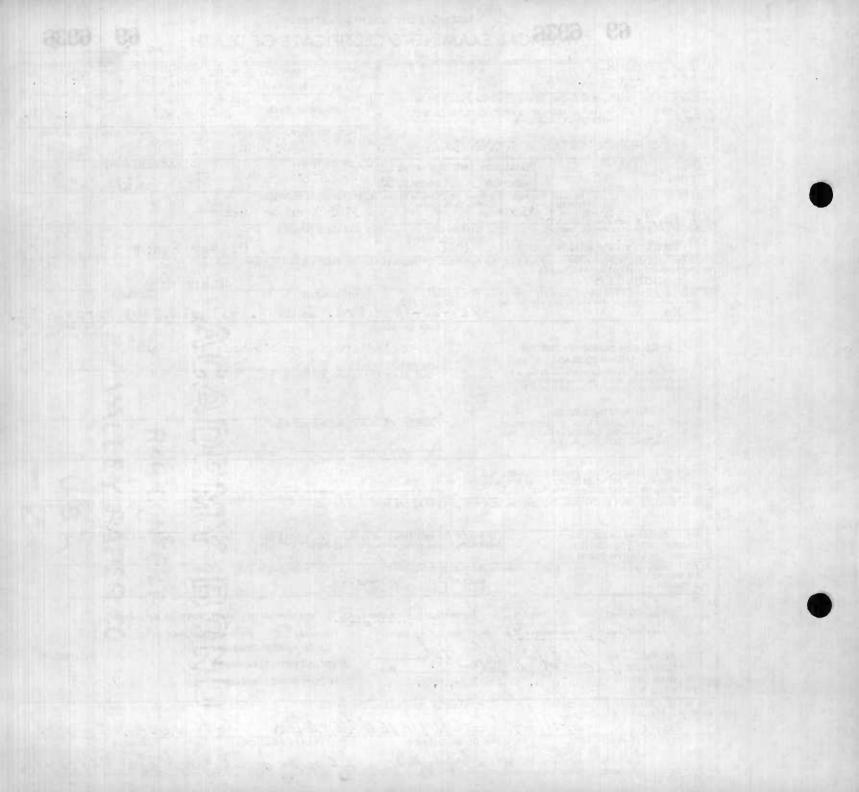
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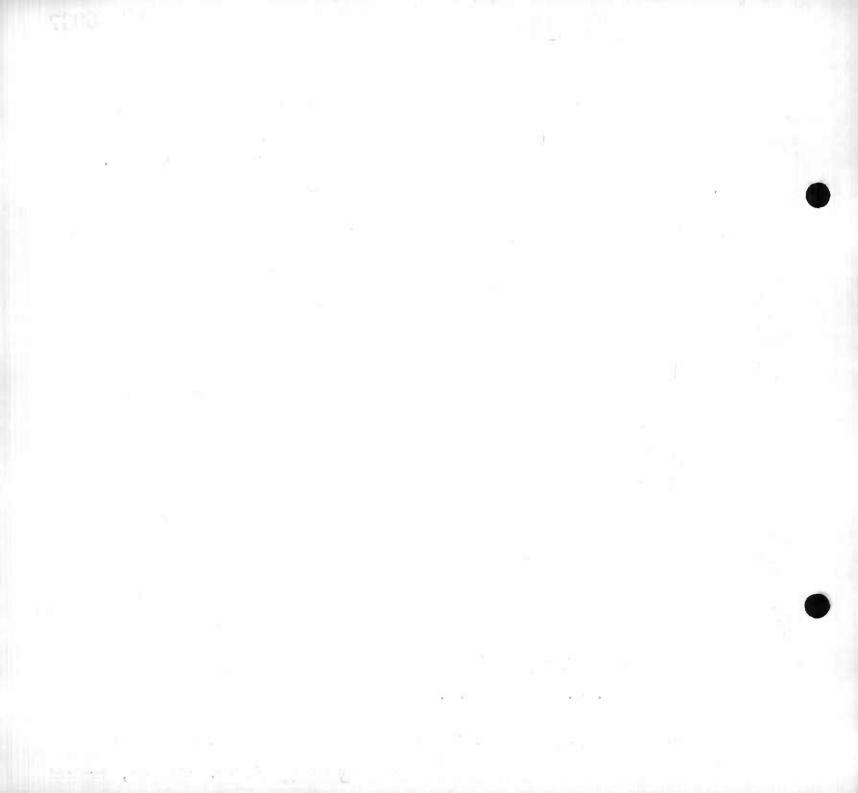
В	RTH NC.		MEL	ICAL	EX	AMINER'S	LERTIFI	CATE OF	DEAT	H REG. NO.		000	
	NAME OF DEC	CEASED					2. DATE	Known 🛣	Month	Day	Year	Hour	
(1)	rpe or Print)	LAWE	RENCE N	McGRAD!	Y		OF DEATH	Estimoted		00,	1001		
4.	PLACE IN BAL	TIMORE, MA	RYLAND, V	VHERE PRO	NOU	INCED DEAD	3. DATE		Month	Doy	Yeor	Hour M.	
H	LL NAME OF OSPITAL RINSTITUTION	(IF NO	T IN HOSPITA	AL OR INSTITUTION)	IOITU	N, GIVE STREET		UNCED DEAD	Ju1y	6.	1969	4:55 а м.	
	00	1000					A. STATE	ESIDENCE (Where	deceased liv	ed. if institution B. COUNTY	: residence b	efore admission)	
-	SEX	1029 N.	Stock					Maryland			160	7 /	
Ο.	SEX	7. KACE		8. MARRIE		NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
	Male	Negro		WIDOWE		DIVORCED .		Balto.		YI	s 🗆 ı	NO 🗆	
у.	DATE OF BIRT	Н	10.AGE (In lost birthdo	y) M	Unde	Pr I Yr. If Under 24 Hrs. Doys   Hours   Min.		ND NUMBER					
11.	BIRTHPLACE (S	tote or loreig			. CIT	IZEN OF	I3. FATHER	29 N. Stoo	ekton S	St.			
T.	a++a 9	2 0				AT COUNTRY?							
14/	atta. S	PATION (Give	kind of work	14B, KIND O	OF BU	SINESS OR INDUSTRY	TOM I	IcGrady	AE				
101	e curing most of w	vorking life, eve	en if retired)			SINESS ON INDOSTRI							
16.	WAS DECEASE	FD EVED IN I	I S A PAAED	FORCECT	-11	7. SOCIAL		ine Sel	lers				
(Ye	s, no or unknown)	(if yes, give w	or or dotes	of service)	'	SECURITY NO.	IB. INFORM	MANI		A	DRESS	AV	
_	19.	No					Mrs.	Onnie J	entry	3315		rrison	
	37,	181				CAUSE OF DEAT	TH					POXIMATE INTERVAL	
		E OR CONDI		CTLY									
		LEADING TO				(A)IMMEDIATE C	AUSE Far	tty metamo	rphosi	s of th	e liver		
	heart tailure.	of meon the s	If meons the	disease.		DUE TO, OR A	S A CONSEQ	UENCE OF:					
	injury or com	plication which	h caused deo	th.)									
		NTECEDENT C				(B)							
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE												
7	UNDERLYIN	G CONDITIO	ON LAST.	INO INE		(c)							
õ			1			(C)							
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT I	DITIONS CO	THE TERMINA	G								
RT	20A. DATE OF	OPERATION	208. CON	DITION FO	R WH	ICH OPERATION WA	S PERFORM	ED.			21 AUTOR	CVn (Vot on No.	
$\ddot{c}$	1						AS TERFORMED				21. AUTOPSY? (Yes or No)		
X	22A. EXTERN	NAL CAUSE V	VAS	1228	B. PLA	CE OF INITIPY	n os shout 2	C WHERE DID (	II 4 - D - Iat	Cu	Y	ES	
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Boltimore City, give home, form, foctory, street, oilice bidg., etc.) INJURY OCCUR?							City, give exoc	t location)				
2	OF INJURY	Month) (Do	y) (Year)	(Hour)	22E.	NJURY OCCURRED	2:	F. HOW DID INJ	URY OCCU	R?			
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	result	ed fram: No	tural caus	· XX	Acci	dent Sulcide	Ho Ho			ed manner	-		
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24/ RE/	BURIAL CREM	ATION. 24	B. DATE			NAME of CEMETERY O	F CREMATO	RY 24D. L	OCATION	(City, town,		(Stole)	
25	DATE REC'D	RVALENTH	EDE	1250 1141	IF 0"	DEGICTOR							
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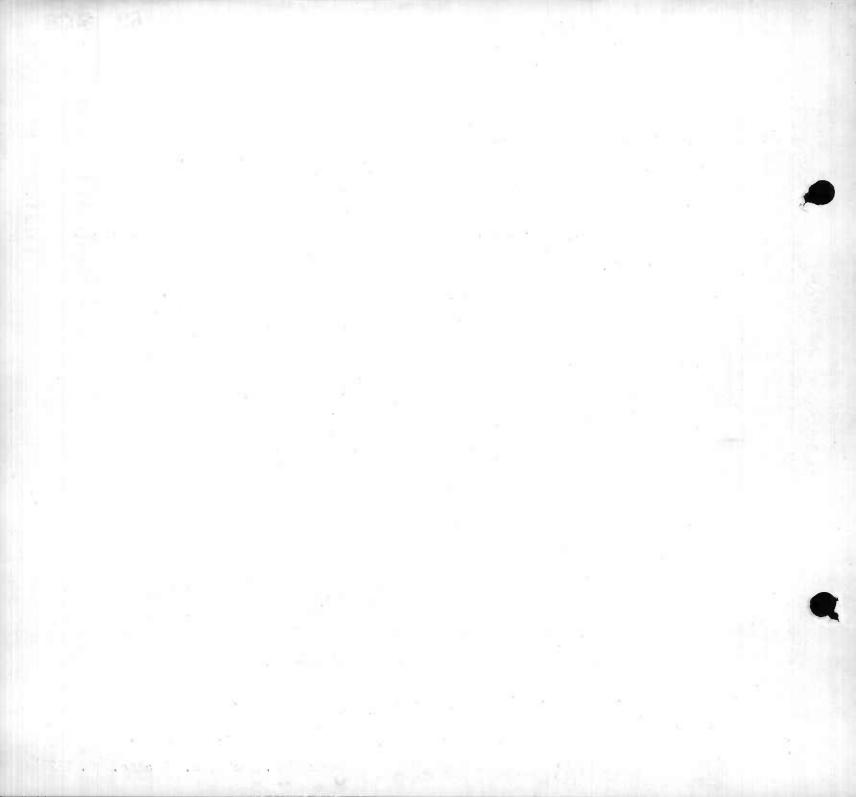


OCCUPATIONS CHI HEALTH DEPARTMENT		
6 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	CO	0000
MPDICAL EXAMINER'S CERTIFICATE OF DEATH	0.3	0.7.50
MEDICAL EXTENSIVE CERTIFICATE OF DEATH DE	C NO	0000
KE	G. NO.	

69 6936 CAL EXAMINED'S	CENTIFICATE OF DEATH 69 6926
BIRTH NC.	LEKTIFICATE OF DEATH REG. NO. 03 0300
1. NAME OF DECEASED (Type or Print)  LELIA R. HOTT	2. DATE Known   Month OF DEATH Estimoted   July 8,1969 Year 3:10 P.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy Year Hour PRONOUNCED DEAD July 8,1969 3:10 P.
UNION MEMORIAL HOSPITAL (DOA)	A. STATE Maryland B. COUNTY 27/0
6. SEX   7. RACE   8. MARRIED   NÉVER MARRIED   WIDOWED   DIVORCED   WIDOWED   C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?	
9. DATE OF BIRTH  July 13, 1917  10. AGE (In years   ff Under 1 Yr. If Under 24 Hrs.   Hours   Hours   Hours   Hours   Hours   Hours   Min.	E. STREET AND NUMBER  5105 Ivanhoe Avenue
West Virginia  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Oliver Evans
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired) Housewife	Unknown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (I) yes, give war or dotes of service)  NO  17. SOCIAL SECURITY NO. 215-24-7458	Mrs. Iona V. Wilhelm, 5303 Moravia Rd.
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  DESCRIPTION OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. it means the disease, injury or complication which caused death.)	CAUSE AS A CONSEQUENCE OF:
LINDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
CC)	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	
UNDERLYING OR CONTRIB. home, tarm, toctory, street, office	in or about 22C. WHERE DID (If in Boltimore City, give exact location)  a bldg., etc.) INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	22F. HOW DID INJURY OCCUR?
23.  I certify that I held on Inquiry Inspection Au	
resulted from: Notural causes X Accident Suicid	
SIGNATURE Ronald N. Kornblum, M.D.	ASSISTANT MEDICAL EXAMINED TO
NAME (Type)  24A. BURIAL CREMATION.   24B. DATE	ar CREMATORY (24D. LOCATION (City, town, or county) (Stote)
Burial 7/11/69. GIEN HAVE	EN CEMETERY GIENBURNIE, Md.
JUL 1 0 1969 Registrar	25C. FUNERAL DIRECTOR ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS







BALTIMORE CITY HEALTH DEPARTMENT

NOX

U. S. A.

ADDRESS

If Under 24 Hrs.

SAME AS ABOUE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMPORTAN DIRECTOR: FUNERAL

Social Security Card furnished by widow 7-16-69 M.H.

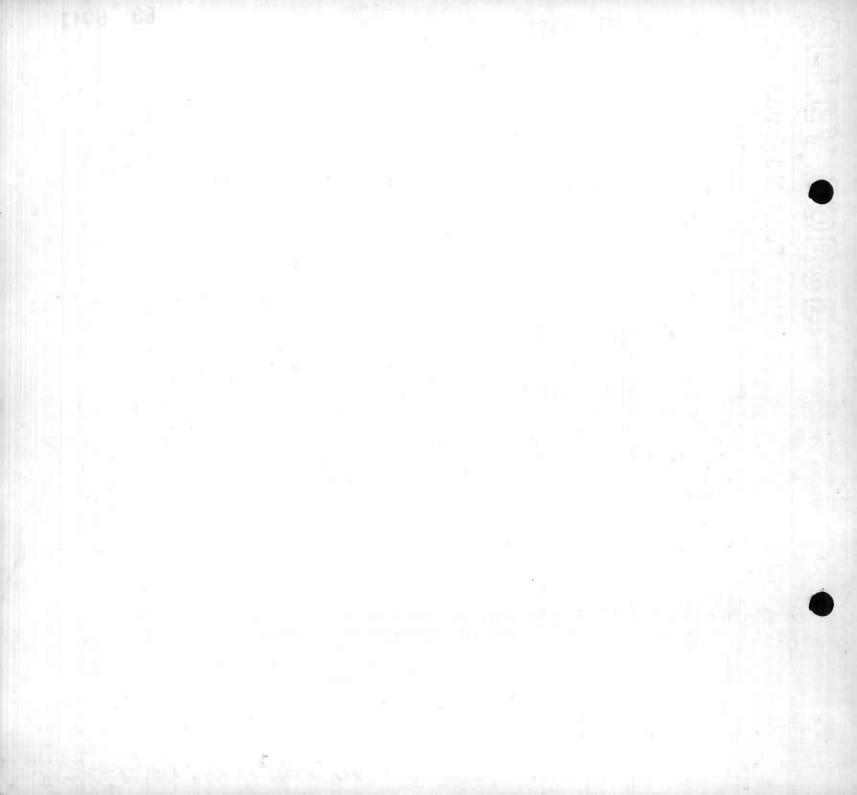
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IMPORTANT

DIRECTOR:

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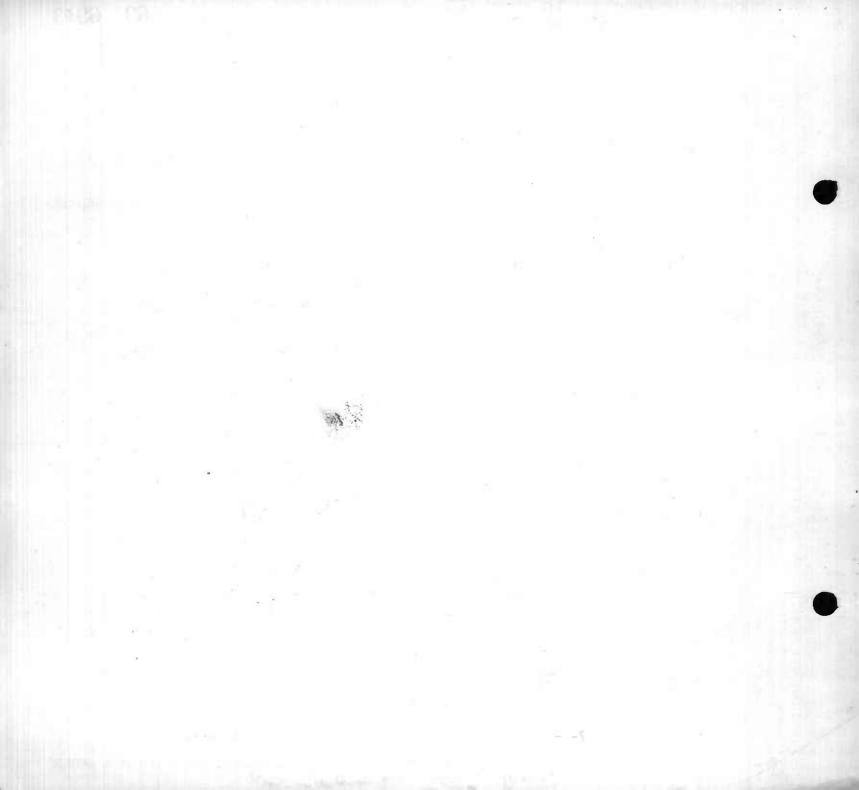
VS 150-REV. 1/1/6B



D-500

St. Agnes Hospital  St. Ag	2. DATE Known & Month Day Year Hour OF Estimated
GEORGE DAHM  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION  St. Agnes Hospital  6. SEX  Male  St. Agnes Hospital  6. SEX  Male  White  WIDOWED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  ST. AGREE  St. Agnes Hospital  C. CITY OR TOWN  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  ST. AGREE  St. Agnes Hospital  C. CITY OR TOWN  D. INSIDE CITY LIMITS?  WID DOWN  DIVORCED  ST. AGREE  St. Agnes Hospital  C. CITY OR TOWN  D. INSIDE CITY LIMITS?  NO  PRONOUNCED DEAD  A STATE  A STATE  A STATE  A STATE  A STATE  A STATE  ST. AGREE  St. Agnes Hospital  C. CITY OR TOWN  D. INSIDE CITY LIMITS?  NO  PRONOUNCED DEAD  A STATE  NO  DIVIDION  Balto  VES NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	OF Estimated
GEORGE DAHM  4. PLACE IN BALTIMORE, MARYLAND, WHERE PEONOUNCED DEAD PEATH Estimoled  DEATH Estimoled  DOWN The Second Second Provided	Fatingled
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ADDRESS OR LOCATION  St. Agnes Hospital  6. SEX  7. RACE  Male  White  P. DATE OF BIRTH  10. AGE (In years   Hunder 1 Yr, II Under 24 Hrs.   Little Sister of the Poor 601 Maiden Chops   Hunder Chops	
St. Agnes Hospital  6. SEX  7. RACE  Male  White  Widowed  Divorced  B. Married  Divorced  B. Married  Divorced  Balto.  Ves  No  Post of Birth  Distorinday  Subject of the Poor 601 Maiden Cho  Little Sister of the Poor 601 Maiden Cho  What country  11. Birthplage (Stole or loreign country)  12. Citizen of What country  13. Father's Name  Lane  4. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  Ves, no or unknown) (II yes, give wor or doles of service)  CAUSE OF DEATH  (This does not meen the mode of dying, e.g., heart follure, ostehnic, etc. it meens the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)	T1 0 1000 0.15
St. Agnes Hospital  6. SEX  7. RACE  Male  White  Widowed  Divorced  Balto.  YES  NO  P. DATE OF BIRTH  10. AGE (In years of birthday)  Months: Doys, Hours, Min.  Little Sister of the Poor 601 Maiden Cho WHAT COUNTRY  4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY  13. FATHER'S NAME  Lane  4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY  15. MOTHER'S MAIDEN NAME  Lane  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no or unknown) (Il yes, give wor or doles of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follure, osthenic, etc. Im means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)	
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Male White WIDOWED DIVORCED Balto.  9. DATE OF BIRTH    II. AGE (In years   10 inder 1 Yr.    Under 1 Yr.    Un	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follure, osthenio, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)  (B)  (I) Adde (In yeors lorder 1 Yr, II Under 24 Hrs. E. STREET AND NUMBER  (I) Under 1 Yr, II Under 24 Hrs. E. STREET AND NUMBER  (I) Under 1 Yr, II Under 24 Hrs. E. STREET AND NUMBER  (I) Little Sister of the Poor 601 Maiden Cho  (I) Little Sister of the Poor 601 Ma	,
Internal Control of the Poor 601 Maiden Cho   Internal Country   Int	
A.U.SUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY)  6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (II yes, give wor or doles of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follure, osthenio, etc. It means the disease, Injury or complication which coused death.)  ANTECEDENT CAUSES  (B)	Under I Yr. II Under 24 Hrs.   E. STREET AND NUMBER
A.U.SUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY)  6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (II yes, give wor or doles of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follure, osthenio, etc. It means the disease, Injury or complication which coused death.)  ANTECEDENT CAUSES  (B)	Little Sister of the Poor 601 Maiden Choice
4A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME  6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (II yes, give wor or doles of service)  19  CAUSE OF DEATH  APPROXIMATE INTERBUTE ON ONSET AND  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follure, asthenia, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (8)	CITIZEN OF 13, FATHER'S NAME
10. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown)(II yes, give wor or doles of service)  17. SOCIAL SECURITY NO.  18. INFORMANT  ADDRESS  CAUSE OF DEATH  Arteriosclerotic cardiovascular disease  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follure, osthenio, etc. it means the disease, Injury or complication which coused death.)  ANTECEDENT CAUSES  (8)	WHAT COUNTY
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart follure, osthenio, etc. it meons the disease, injury or complication which coused deoth.)  ANTECEDENT CAUSES  (8)	OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. it meons the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  SECURITY NO.  CAUSE OF DEATH  Arteriosclerotic cardiovascular disease  (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:  (B)	int House
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, Injury or complication which coused death.)  ANTECEDENT CAUSES  (a) CAUSE OF DEATH  Arteriosclerotic cardiovascular disease  (b) CAUSE OF DEATH  Arteriosclerotic cardiovascular disease  (b) CAUSE OF DEATH  Arteriosclerotic cardiovascular disease  (c) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:	17. SOCIAL 18. INFORMANT A ADDRESS / 1/
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LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (8)	BETWEEN ONSET AND DEA
(This does not mean the mode of dying, e.g., heart follure, asthenia, etc. It means the disease, Injury or complication which coused death.)  ANTECEDENT CAUSES  (a) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:	Arterioscierotic cardiovascular disease
heart foilure, asthenia, etc. It means the disease, Injury or complication which coused death.)  ANTECEDENT CAUSES  (8)	
ANTECEDENT CAUSES (8)	DUE 10, OK AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	(c)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or N	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or N	DR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
no	no
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In or about 22C. WHERE DID (If In Boltimore City, give exact location)	B. PLACE OF INJURY (e.g., In or obout) 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, foctory, street, office bldg., etc.) INJURY OCCUR?  UTING CAUSE OF DEATH. Convent 601 Maiden Choice Lane	
22D. TIME (Month) (Day) (Year) (Hour) 22F INITIRY OCCUPRED 22F HOWDID INITIRY OCCUPRED	22E INTURY OCCURRED 122E HOWDID INTURY OCCUR?
(APPROX.) 6 4 69 5:10p WHILE AT WORK Subject dropped cigarette on clothes	
I certify that I held an Inquiry Inspection XX Autopsy ond that an this basis, death in my apinion	gothing galf an Com
	Inspection X Autopsy ond that an this basis, death in my apinion
ACTUAL ASSISTANT MEDICAL EVAMINED DATE SIGNED	Accident XX Sulcide Hamicide Undetermined manner
M.D.	Accident XX Sulcide HamicIde Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
Alang is	Accident XX Sulcide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER DATE SIGNED
44. BURIAL CREMATION. 1248. DATE 124C NAME of CEMETERY AS CREMATORY	Accident XX Sulcide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER
Quill 7-10-69 Druid Rias Piproelle Batte	Accident XX Sulcide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAK 25C. FUNERAL-DIRECTOR ADDRESS DUL 1 0 1969 Robert E. Janber M.D.	Accident XX Sulcide HamicIde Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER DEDICAL EXAMINER DE
JULIU 1909 Justeel C. Valley, 1.00	Accident XX Sulcide HamicIde Undetermined manner  CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  DEDUTY Chief Medical Examiner July 8 1969  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION (City, town, or county)  (Stole)

TELEBOOK VEZ MENTE CONCESSOR CONCESS





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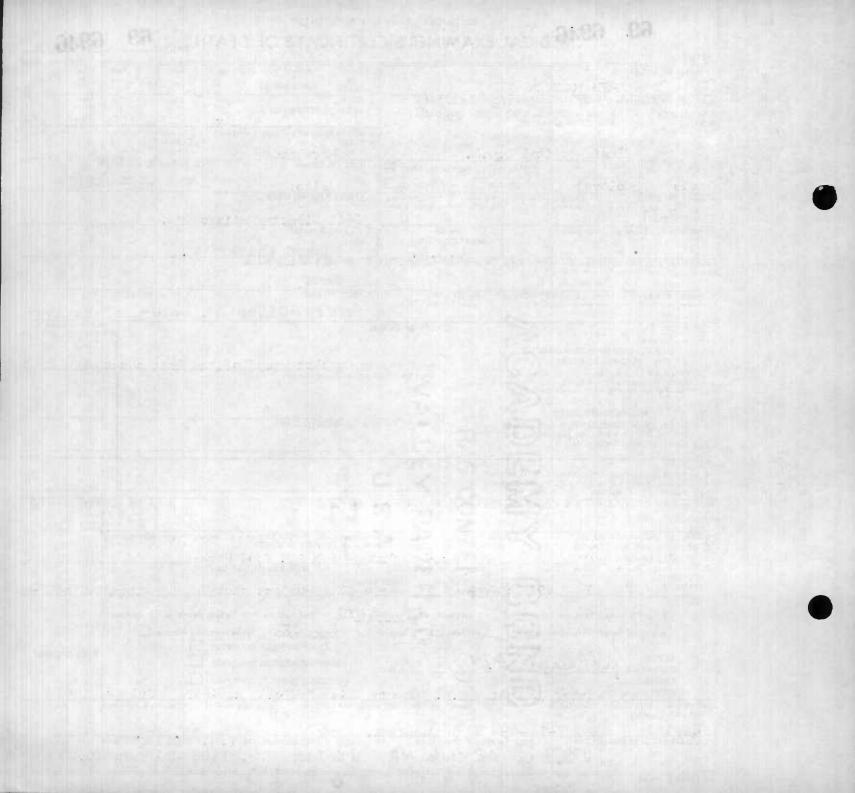
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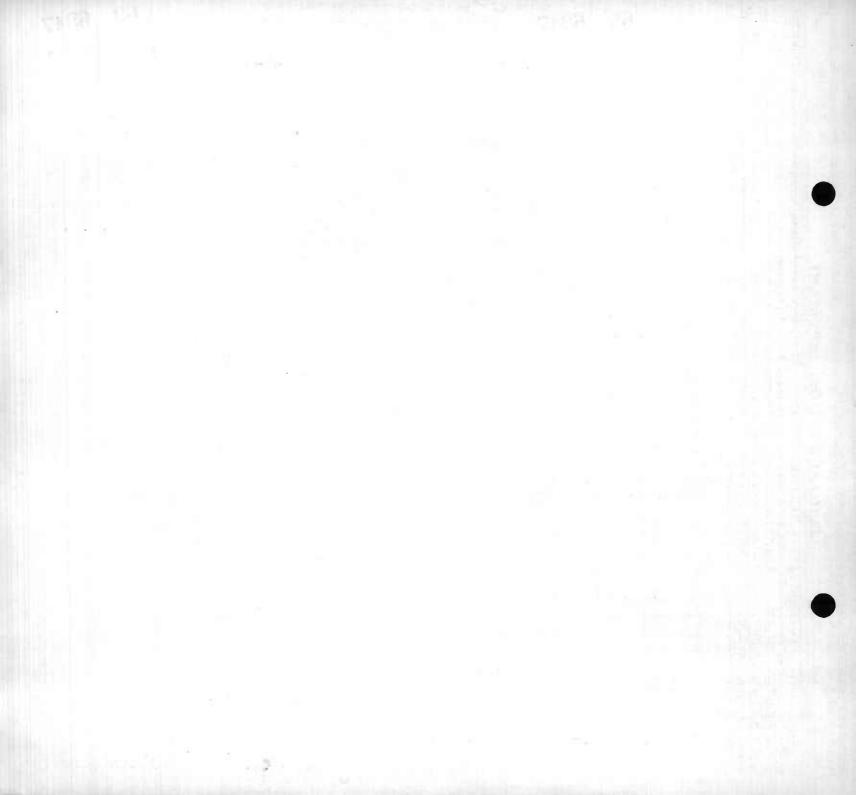
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(ly)	e or Print)	WARREN	OLIVE	R			OF DEATH	Estimoted						M.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PR	ONOL	NCED DEAD	3. DATE	THE .	Mont	th	Doy	Yeor	Hour	
	L NAME OF	(IF NO	T IN HOSPITA	LORINS	IOITUTIO	, GIVE STREET	PRONO	JNCED DEA	Jul	37	7	1969	1.15	n M
OR	INSTITUTION	ADDAG	.SS OR LOCA	1014				ESIDENCE (		sed lived. I			before admission	on)
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	ATE OF BIRT	Color	10. AGE (In			er I Yr. If Under 24 Hrs.		alto.	ER		Y	E2 [ ]	ио 📙	
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16. (Ye:	WAS DECEAS	(If yes, give	vor or dotes	f Service		7. SOCIAL SECURITY NO.	IB. INFOR					DDRESS		
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CERTIFICATION	heart failure injury or con  AR DISEASES ( RISE TO THI UNDERLYIN  OTHER SIGN TO THE DEJ	, asthenia, etc nplication whi NTECEDENT OR CONDITI E ABOVE CA NG CONDIT	ONS, IF ANY USE (A) STATI ION LAST.  II NDITIONS CO	diseose, th.)  GIVING THE  ONTRIBUTIHE TERM	IING INAL	(B) DUE TO, OR	AS A CONSE	-						
RTIF			GIVEN IN PA			HICH OPERATION W	AS PERFORM	\ED				21. AUTO	PSY? (Yes or	No)
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	EXAMIN			1		· ·			ICAL EXAMIN			. 1. 0	1000	
24	A. BURIAL CREA		erner U	Spi	124C	M.D. Deput	or CREMAIO	Medic	al Exa			July 8,		)
	MOVAL (Speci					or CEMETER !	J. GREMAN				(will) low	, or coomy	(51016	
	Burial		7-1	1-69	7	rbutus 'e				Belto	1.10	1		
25	A. DATE REC'D	BY HEALTH	DEPT.			F REGISTRAR		FÜNERAL DI	200a N M		Gall	2	04	
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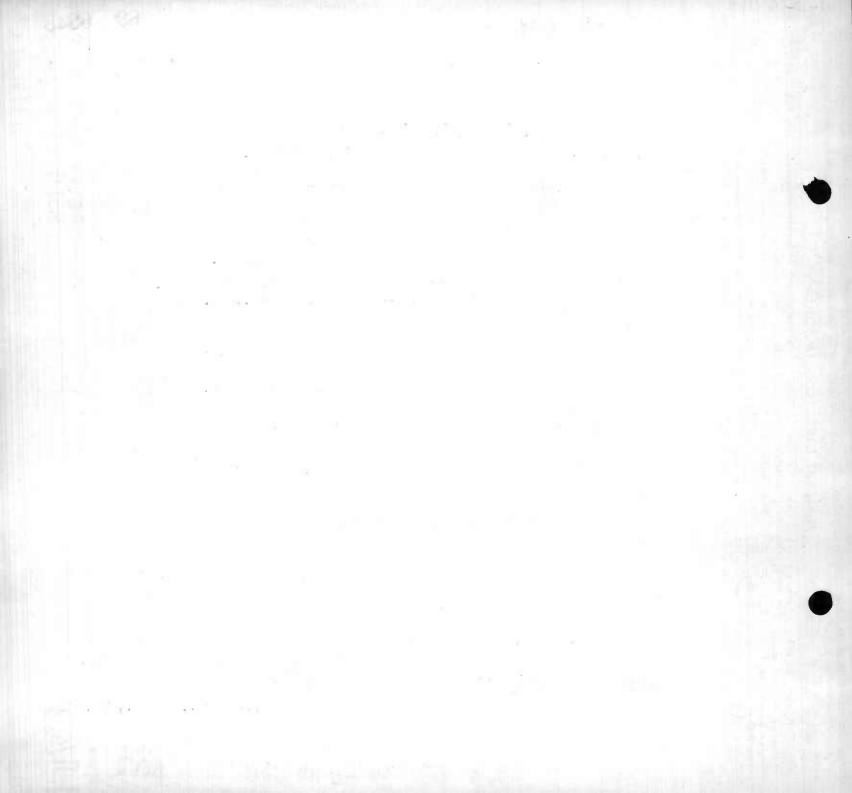
IMPORTANT

FUNERAL DIRECTOR:

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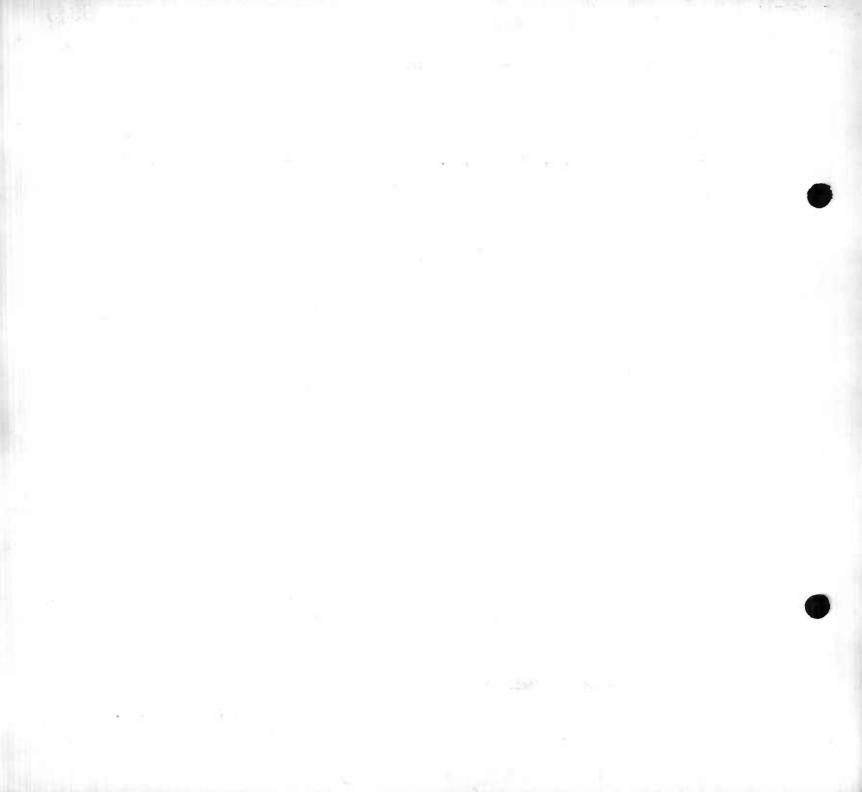


41-39-08 vlb	BALTIMORE CITY HEALTH DEPARTMENT
12.632	69 6948 CERTIFICATE OF DEATH REG. NO. 69 6948
and ased the the	I, NAME OF DECEASED / LOTT DALLA 2, DATE AND HOUR PF/DEATH
75 O C	(Type or Print) (OKIZ, (2000L) LOUIS ONE 20,1969 8 /PM M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)  A. STATE  B. COUNTY
hospitise of (5) De ance death	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland 2607
	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION 4940 Eastern Ave., Balto., Md.  C. CITY OR TOWN Baltimore  D. INSIDE CITY LIMITS?
o o o o	YES X NO YES X NO NO NO NO NO NO NO NO NO NO NO NO NO
ing ing	BALTIMORE CITY GOSPITALS 504 Lehigh St. 21224
occurre- ontributi ermined regular eased p	5. SEX Male 6. RACE Nhite 7. MARRIED NEVER MARRIED 16. DATE OF BIRTH 10-31-97 19. AGE (In years lost by day) 19. AGE (In years Months: Doys Hours Min.
occurr ontribu ermine regula eased is mad	WIDOWED DIVORCED
n i e	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  done during most of working life, even if retired)  112. CITIZEN OF WHAT COUNTRY?  Maryland  USA
de de costi	13. FATHER'S NAME
	Louis Ella E.
AN stant e di ind; eath e on at di	15. Wes Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) (Yes, no or unknown) (If yes, give wor or dates of service)
IMPORTAN or his assistant Also, if the di e of any kind; ounced death attendance on	217-07-1197-A Records: Balto., Md. 21224
s ass any ced ndam or fi	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
APO his ag fo, if fany inced enda d or	DISEASE OR CONDITION DIRECTLY CARDIN - VECOIDATION AND ATT
Als Als	LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:
	heart failure astheria etc. It means the disease
min Frace	LANDAIC UBININCINC FULLIONIANCY IDISPAIL
X am X am X am X am X am X am X am X am	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the
Cal examine at examine s; (3) A fraction who prus in regula	rise to the above couse (A) stating the UNDERLYING CONDITION last.
L DI edica lical irras; sicia was main	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
RA me me y by phy phy ian	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
FUNER  of chief r  by a m  2) Body  e the p  physicia	19A. DATE OF OPERATION 18. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E c by by by by by by by by by by by by by	1) 21A ACCIDENT WAS UNDERLYING [ 218 PLACE OF INTURY (e.g., in or about 21 C. WHERE DID.
- + - O - O - O - O - O - O - O - O - O	OR CONTRIBUTING CAUSE OF home, fortory, street, office bldg., INJURY OCCUR?
9 6 7 7 9	Q 21D, TIME (Month) (Dov) (Yeer) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
oved by e hospite nature; cept wh nd (6) Ne	While At Work At Work At Work Capprox.)
brax y	22. I certify that (I) (this hospital) attended the deceased from 19 to 19,
dpp o ti (e)	that (I) (we) lost sow the deceased alive on 19 ond that in (my) (our) opinion death occurred on the date
r be a sed to ent of ipital eath)	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
iust be leased i ident o hospita o death	23A. SIGNATURE 23B. DATE SIGNED
ele ccid	Attending Phys. Med. Staff No. 6-26-69
0 - 0 - 5	PAGE TORES M.D. 23D. ADDRESS ALTO. (174 MODITOLS
ficate was r An a Prior pprov	DEGSEE 4940 Eastern Ave., Balto., Md. 21224
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CAMPAY I GRANDORD ARD 20 LOWINK V AND wn, or county) (Stote)
W S S S S S S S S S S S S S S S S S S S	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAPHING HIRES LINKS DINCTURE! ALL ADDRESS
This certif the body shows: (1) was D.O deceased	25A. DATE REC'D BY HEALTH DEPT. SEE NAME OF REGISTRATION OF THAN DIRECTOR ADDRESS
- 4 07 0 7	VS 150-REV. 1/1/6B



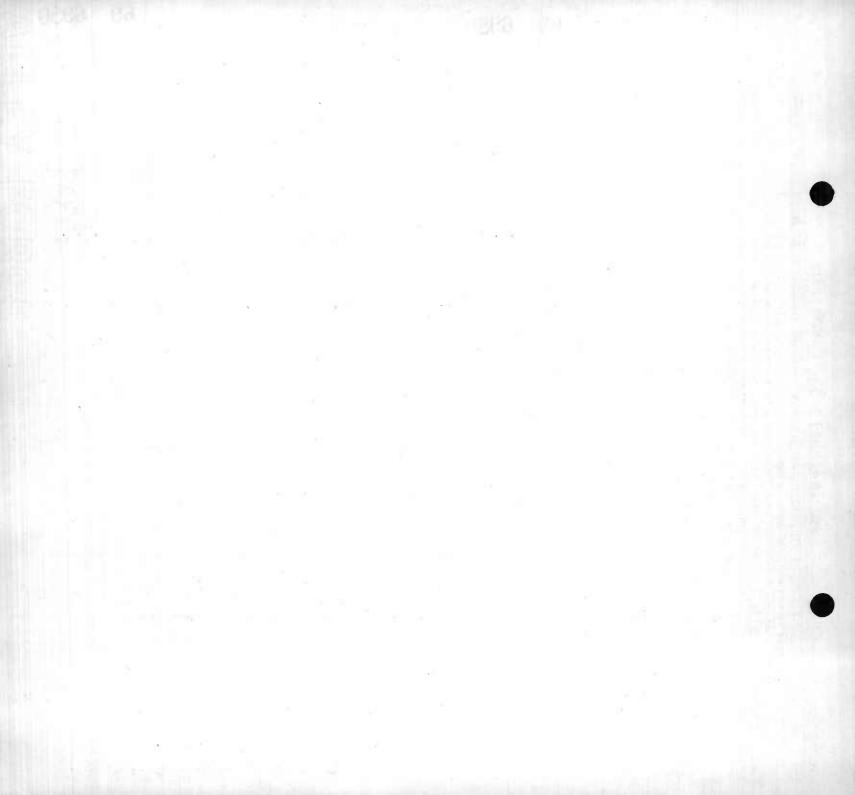
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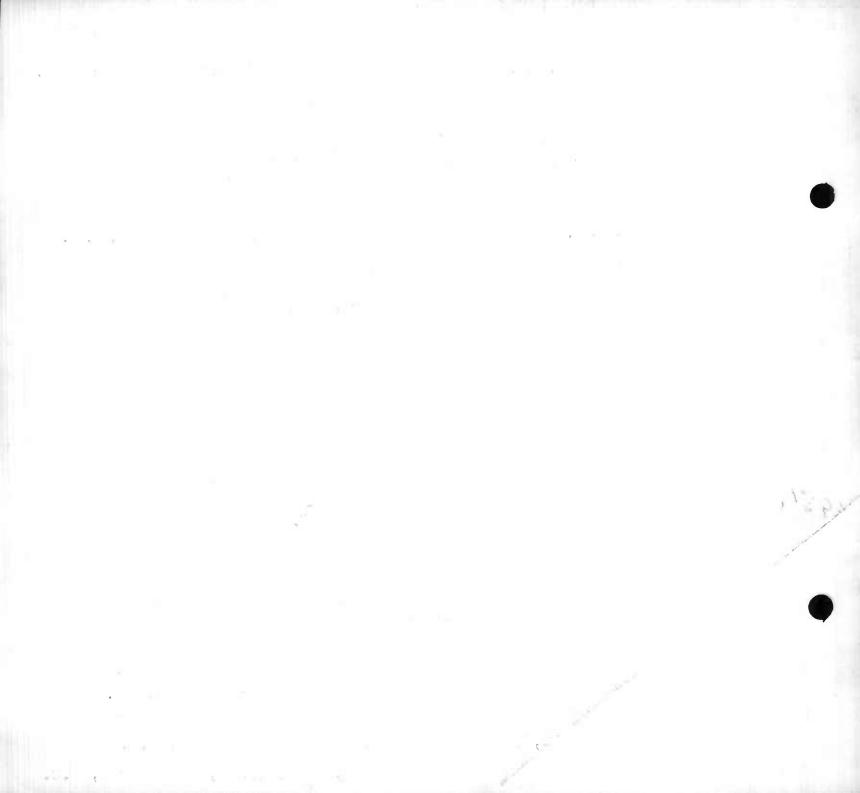
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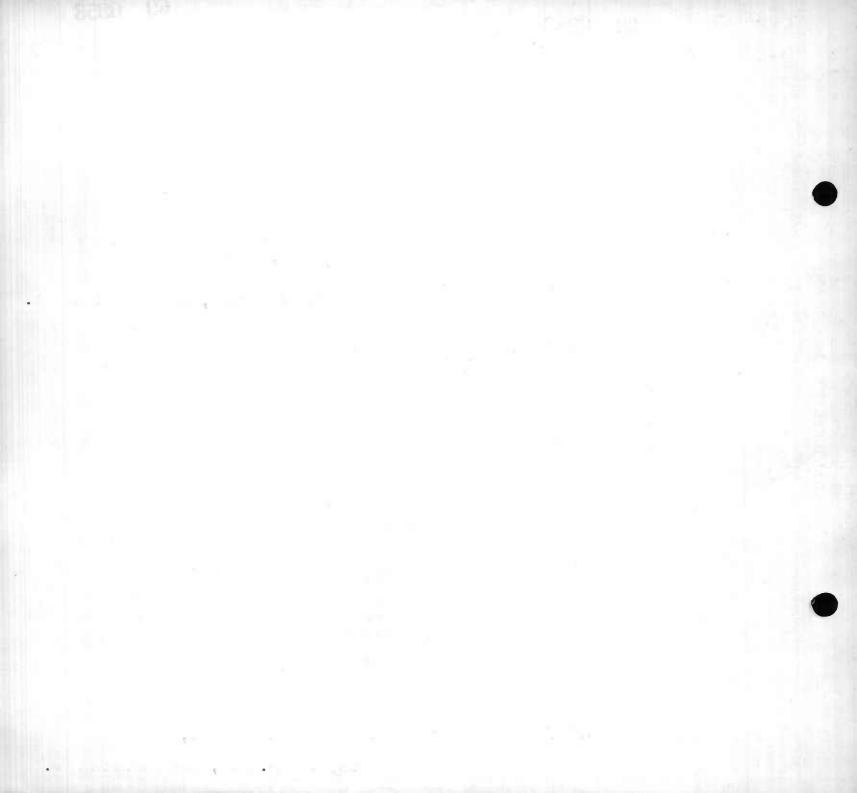
FUNERAL DIRECTOR: IMPORTANT

link	3-25-5		BALTIMORE CITY	HEALTH DEPARTMENT		69	6950		
TIPEN NO	65	6950	CERTIFICA	TE OF DEATH	REG. NO	00	QUUU		
NAME OF DE	ECEASED		1		ND HOUR OF DEATH				
Type or Print)	CHARLES	Schoo	KMAN		7/8/69		7:00 P.		
3. PLACE IN B	ALTIMORE, MARYLAND,			4. USUAL RESIDENCE (Wh	ere deceased lived. If i	n stitution: reside			
FILL NAME O	E "E NOT IN HOSPI	TA1 OR INICTITUE	ION CIVE CERSEE		ddonoor	1	964		
FULL NAME O HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	ION, GIVE STREET	C. CITY OR TOWN		IDE CITY LIMIT	201		
NSHIDIION				Baltimore		YES 🐷	NO		
00	1100 07 3	773 2 *	1 7 - 1	E. STREET AND NUMBER					
0.0	4405 U1d	Frederic	k Road	4405 Old Fred	lerick Road				
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1	fr. , If Under 24 H		
M	W	WIDOWED		8/12/1897	last birthdoy)	Months Doy	Hours Min.		
				11. BIRTHPLACE (State or for	eign country)	12. CITIZEN	OF WHAT COUNT		
	al warking life, even if retired)	11.0	om officer	24 2 2					
Supervi	isor of Mail	U.S. PC	ST OFFICE	Maryland 14. MOTHER'S MAIDEN NA	AAC.	1	.S.A.		
	ge H. Schuckm			Elizabeth Hei	nz				
5. Was Deceas Yes, no or unknown	ed Ever in U. S. Armed Fo wn) (If yes, give war or dat	es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		AD	DRESSROAd		
Yes	WWI-4/12/17-6	/5/19		Mrs. Charles (	. Schuckman	4405 01	d Frederic		
1B. 1 C.	1 2/1		CAUSE OF DEAT			1 AF	PROXIMATE INTERVA		
DISE	ASE OR CONDITION D	IRECTLY		R	/	BETW	EEN ONSET AND DE		
	LEADING TO DEATH  This does not mean the mode of dying a g  (A) IMMEDIATE CAUSE (Arciho majosis, Seneral 3 mos.								
	This does not mean the mode of dying, e.g., neart foilure, osthenio, etc. It means the disease,								
	e, osthenio, etc. It meon omplication which couse								
	ANTECEDENT CAUSE		Ada .	c.10 ( b. )	. /	1 3	3		
DISEASES			(B) MANDE	aranoma a	nal canal		190017		
	OR CONDITIONS, if the above couse (A)		DBL 10, OK AS	A CONSEQUENCE OF.			/		
	NG CONDITION last.	<b>3</b>	(c)						
	- 11								
	VIFICANT CONDITIONS CO					- 1			
DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	RT 1 (A).							
19A. DATE	OF OPERATION 198. COI	NDITION FOR WE	HICH OPERATION	20A. AUTOPSY? (Yes or h	10) 20B. IF YES, WERE	FINDINGS CO	NSIDERED TH?		
19A.DATE									
OR CONTR	DENT WAS UNDERLYING [ IBUTING [ CAUSE OF	21 B. Pi	LACE OF INJURY (e.g., i larm, factory, street, o	n at about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimo	re City, give ex	oct lacation)		
	lify medical exeminer	etc.)		Same of the					
21 D. TIME	(Month) (Day) (Year	(Hour) 21E. 11	NJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?				
OF INJURY		While	At Not While						
	Work At Work								
22. I certi	22. I certify that (I) (this hospital) attended the deceased from APNLL 1969 ta JULY 8 1969								
that (1) (w	e last saw the deceas	ed alive an	DULY	8 1969 and 1	hat In(my) (que) op	inion death a	ccurred on the o		
and hour o	and from the couses sto	ated above. (1)	(WS) (did) (didition) v	iew the body ofter deoth					
23A SIGNA	TURE					23B. DATE SI	GNED		
14.11	1. x 9. Ki	1.	h 10 Atte	nding Med.	Staff	7/10	169		
23C. PHYSIC	CIANS	many	MOEGREE Phy	Director L	Phys.	11.0	- 1		
NAME	(Type)	2.0.	1 41.0	2 (-17 /11	MAYTA - S	- PIALTA	2. MD 7/2		
OLL	TERT E'K	(VVM DY	MID. DEGREE	1311W	111110	1/0//~10	1 200		
4A. BURIAL C REMOVAL	REMATION, 24B, DATE (Specify)	24C. NAA	AE of CEMETERY of CRI	MATORY 24D.	LOCATION	ity, town, or co	unty) (State		
Burial	7/11/	60 Ral+	imone Netice	al Cometenur Be	altimore, Md				
	D BY HEALTH DEPT.	258 NAME OF	imore Nation	25C. FUNERAL DIRECTO	R DIMOTE MA	•	ADDRESS		
1111 1									
. 11,11	0 1969 Robert	E. Jaber !	30,9 0 0	Witzke? 4101		e., 212	229		
JUL 1	0 1969 Robert	E. Farber	31.0,9 0 0	Witke, 4101	Edmondson A	e., 212	229		



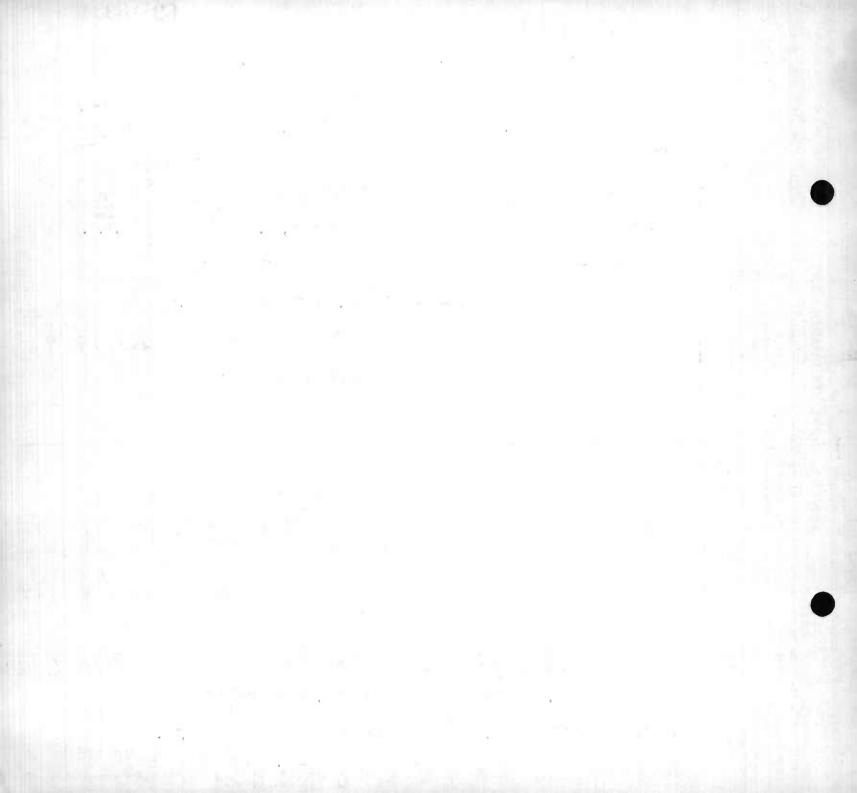


			HEALTH DEPARTMENT	05	6953
BIRT	TH NO. 69 6953 CE	RTIFICAT	TE OF DEATH	REG. NO	
1, N	AME OF DECEASED  ON PRINT BLANCHE FREDERICK		2. DATE AND	HOUR OF DEATH	119 A
FUL	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEV LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV SPITAL OR ADDRESS OR LOCATION)	E STREET	4. USUAL RESIDENCE (Whore A. STATE B. COUNTY WARY LAND C. CITY OR TOWN		tution: residence before odmi:
8	UNIVERSITY HOSPITAL		EALTI MORE E. STREET AND NUMBER 102 N. FACA ST	CENTURY 1	Juesine Home
10A.	1/coop	VORCED _	9/21/89 los	.19	If Under 1 Yr. If Under 24 Months Doys Hours N
	Housewife		MARYLAND		U.S.
	JOHN FREDERICK	1	4. MOTHER'S MAIDEN NAME MATILDA BUT		
(Yes		ITY NO.	7. INFORMANT Robert Freder		ADDRESS
-	NO CAU	SE OF DEATH	Konerr Lreder	TCK, DIT	MITTETOCK S
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  (B).	DIABE	CONSEQUENCE OF:  TES USLLITU  CONSEQUENCE OF:	ease Is	YEARS YEARS ?
4	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION [19B. CONDITION FOR WHICH OPE	PATION	[20 <b>A. AUTOPSY?</b> (Yes or No)]	20R IS VEC WEDE SIN	IDINGS CONSIDERED
ERTIFI	WAS PERFORMED		no.	IN CERTIFYING CAUS	ES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF home, form, for etc.)	INJURY (e.g., in ctory, street, offi	or obout 21 C. WHERE DID	(If in Baltimore (	City, give exact location)
MEDI	21D.TIME (Month) (Doy) (Yeot) (Hout) 21E. INJURY O While At Work	Not While At Work		RY OCCUR?	
	22. I certify that (I) (this haspital) attended the deceasthat (I) (we) last saw the deceased alive an	d fram	/ 1	in (my) (our) apinio	OF JEATH 19 an death accurred an the
1	and haur and fram the causes stated above. (1) (We) (di	d) (did nat) vi		roff 2	3B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.		nys.	11169
24A	BURIAL CREMATION, 248. DATE 24C. NAME of CE	GEGREE METERY OF CREA	MATORY 24D. LOC	CATION (City,	town, or county) (St
	Buril 7/10/69 New Ca	thedral	Balt	timore, Ma	ryland
J	UL 1 0 1969 UNITED E. JOHN MAN OF REGISTR.		Charles R. J	Law, 802 M	Address ladison Ave.
VS	150-REV. 1/1/6B	0 11	Courtesel. On	Jaw, 002 M	IRGITSUII AVE.



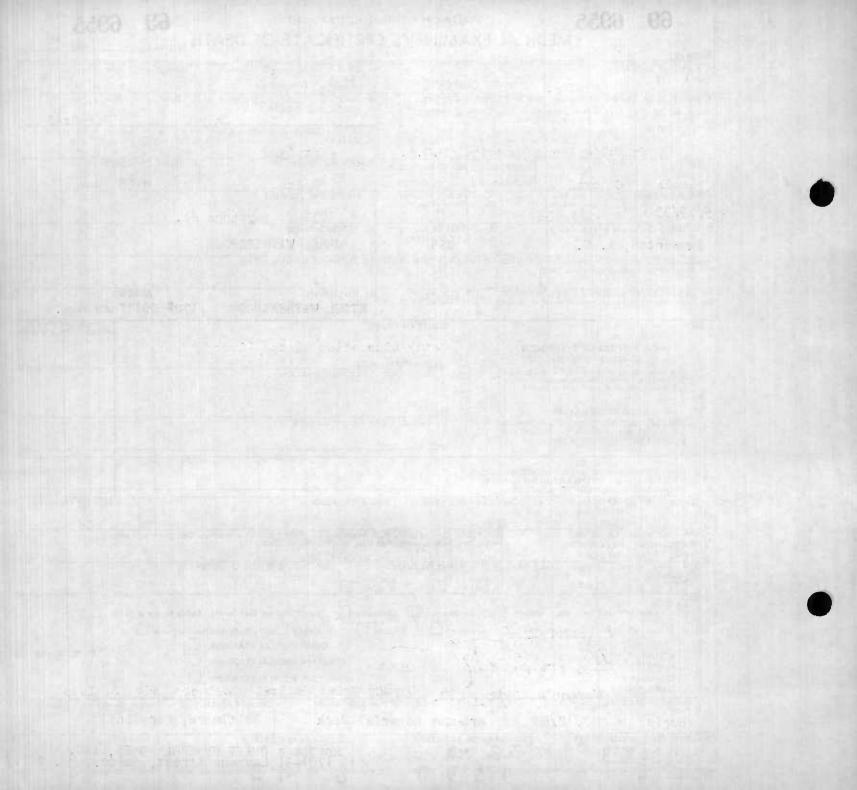
	BALTIMORE CITY	HEALTH DEPARTMENT		22	6954
4	CERTIFICA	TE OF DEATH	REG	No.69	0004
		2. DATE	AND HOUR OF	DEATH	
Liam Ka	czorowski	July	9,1969		1 A. M
ERE PRONO	UNCED DEAD	4. USUAL RESIDENCE		lived. If instit	ution: residence before admission)
L OR INSTIT	UTION, GIVE STREET	Maryland	, , , , ,		201
		C. CITY OR TOWN			CITY LIMITS?
Stree	t	Baltimore, 21	231	Y	ES NO
		105 South W		eet	
MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In y	eors	Under 1 Yr. If Under 24 Hrs.
WIDOWED	DIVORCED	1/20/1909	lost birthdoy)	^	Months Doys Hours Min.
IOB. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)		12. CITIZEN OF WHAT COUNTRY?
S		Baltimore, Md			U.S.A.
		14. MOTHER'S MAIDEN	NAME		
		Theresa Wi	lezvnski		
es?	1 6. SOCIAL	17. INFORMANT			ADDRESS
of service)	SECURITY NO.	Man Then Of ale .	407 0	andle TT.	7.0. 04
	221-01-0876	Mrs. Eva Cicho	rz 105 8	outh wo	APPROXIMATE INTERVAL
dying, e.g., the diseose, deoth.) ny, giving sloting the	(B)	A CONSEQUENCE OF:	ession		
	(c)				
TRIBUTING E TERMINAL	V=				
1 (A). DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes o	No. 208. IF YE	S, WERE FIN YING CAUSI	DINGS CONSIDERED
218 hon etc.	ne, form, foctory, street, o	n of obout 21C. WHERE DII	O (If i	n Boltimore C	city, give exoct location)
(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR	1?	
Wh	nite At Not While	• 🗆	1.0	/	7
attended t	he deceased frama	nem	1966 to	4	nly 9 1967
alive an	Inl	1	that in (my) (	(our) opinio	in death occurred an the date
	I) (We) (did) (did not)	riew the bady after dea			
	7, -7, (-1.5)			12:	DATE SIGNED

Attending X Med. Staff Director 23D. ADDRESS 2002 E.Pratt Street 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stote) St. Stani slaus Cemetery Baltimore, Md. George A. Weber 705 South ADDRESS



7	9	693	55
3		UU	ノ・・・

BIRTH NO.	NER'S C	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED (Type or Print)  LUCILLE SHORTS CONYER	RS	2. DATE Known 3 Month Doy Yeor Hnur OF DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S HOSPITAL ADDRESS OR LOCATION)	DEAD	3. DATE Month Day Year Hour PRONOUNCED DEAD July 8 1969 6:45 a
Franklin Square Hospital D.	O.A.	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY  B. COUNTY  B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER NEVER WIDOWED D		C. CITY OR TOWN D. INSIDE CITY LIMITS?  Balto. YES 🖾 NO
9. DATE OF BIRTH   10. AGE (In years   If Under 1 Yr, If Months, Doys   36	Hours Min.	E. STREET AND NUMBER  1022 W. Saratoga St.
Summerton, S. C. 112. CITIZEN OF WHAT 654	MIRAS	JAMES WITHERSPOON
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS done during most of working life, even il retired)		
	RITY NO.	ETHEL WITHERS POON 1708 Guilford Ave.
LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart follure, asthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO, OR A	teration of the liver  CAUSE AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	PERATION WA	
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY (APPROX.) WHILE AT WORK	OCCURRED	in or obout 22C, WHERE DID (If In Boltimore City, give exect location)  22F. HOW DID INJURY OCCUR?  WHILE
REMOVAL (Specify)	Suicide	CHIEF MEDICAL EXAMINER DATE SIGNED
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS TO SELECTION N.D. VS 151-REV. 1/1/68	TRAR	25C. FUNERAL DIRECTOR ADDRESS MOBTON & DYETT FUNERAL HOMES, INC. 1701-31 Laurens Street, Balto., Md. 21



P. M

NO

ADDRESS

APPROXIMATE INTERVAL

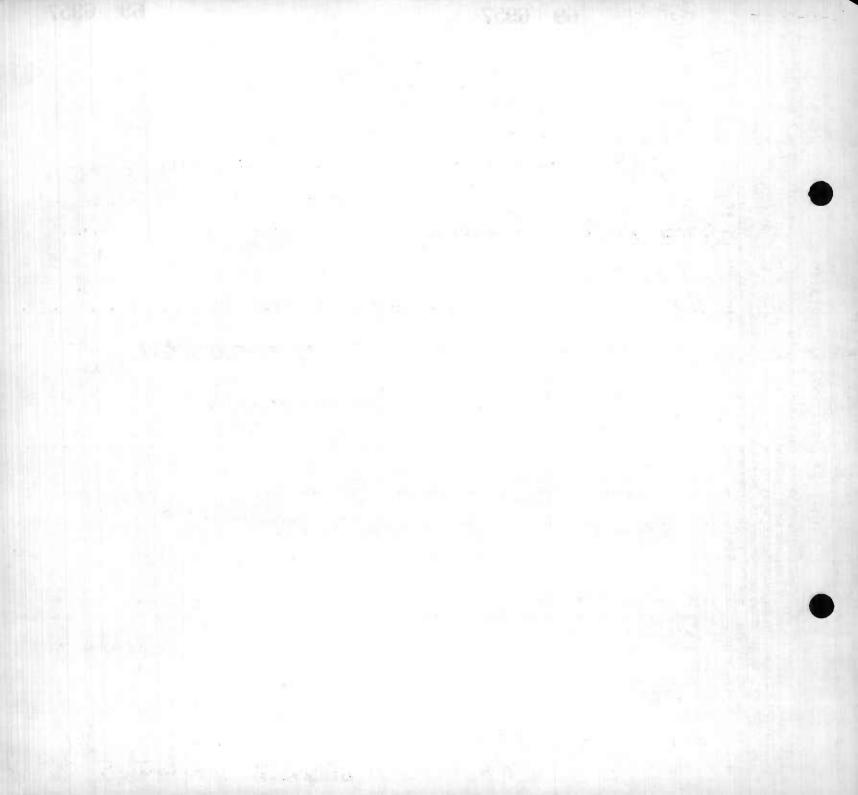
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Il Undor 24 Hrs.

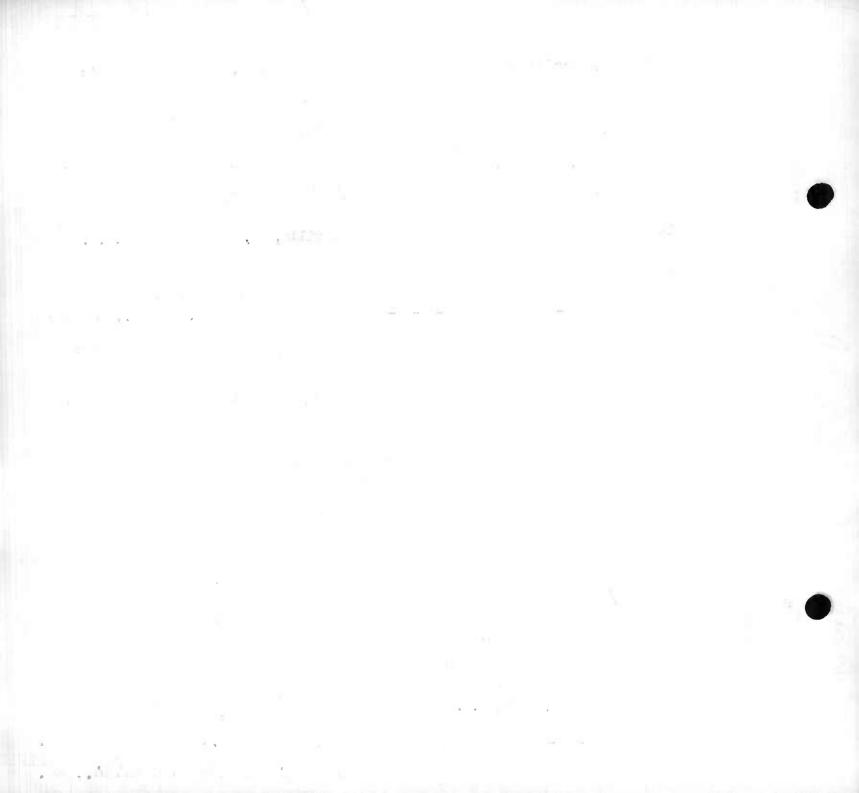
IMPORTAN FUNERAL DIRECTOR:

approved

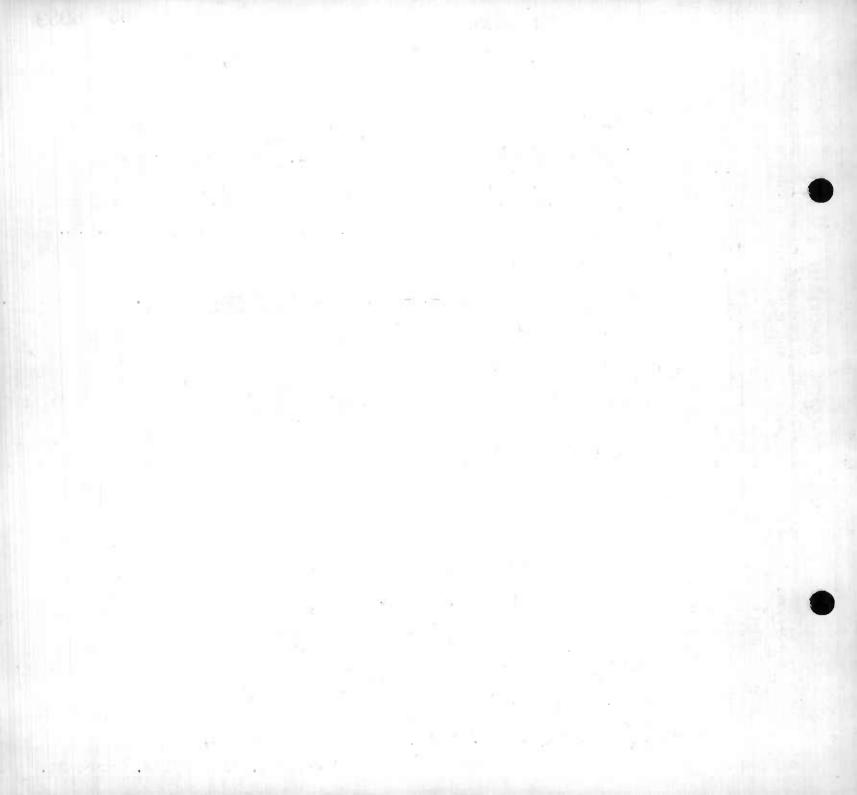


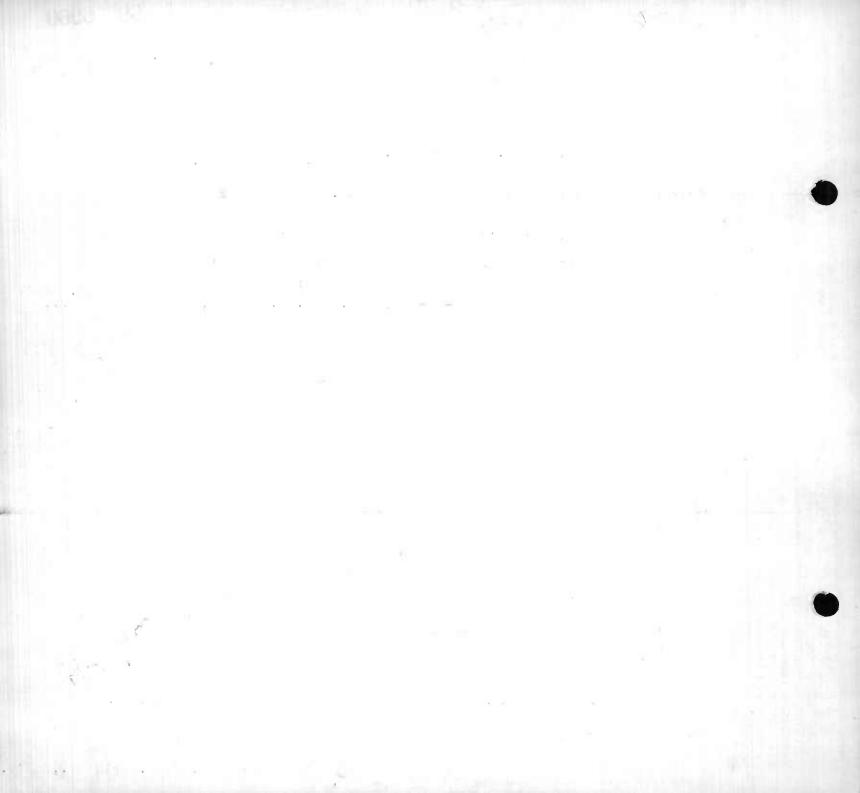


5-2711		BALTIMORE CITY	HEALTH DEPARTMENT		00 00==
BIRTH NO.	69 69	958 CERTIFICA	TE OF DEATH	REG. NO	69 6958
1. NAME OF DECEASED (Type or Print) STIGALL,	Non-231 - of T	5.73		AND HOUR OF DEATH	
Sileni,	Archer I	100	July	y 9, 1969	1 12:45 P A
3. PLACE IN BALTIMORE, MA	RYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before admission
FULL NAME OF (IF NOT HOSPITAL OR ADDRE	IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Maryland		2778
INSTITUTION			C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
Veteran	Administr	ation Hospital	Baltimore	1	YES NO
	ch Raven Bo		E. STREET AND NUMBER		
	re, Marylan		708 Eveshan	Avenue	
5. SEX 6. RACE		RIED W NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In voors	Il Under 1 Yr. Il Under 24 Hrs Months; Days Hours Min.
Male Whit		WED DIVORCED	12/21/87	lost birthdoy)	Min.
10A, USUAL OCCUPATION (Givedone during most of working life, ex	e kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTR
Civil Engineer		Retired	Daniel la T	To.	
3. FATHER'S NAME		100 011 0 d	Danville, V	AAAE	U.S.A.
William Stigall					
			Martha Vade	n	
5. Was Deceased Ever in U. S Yes, no or unknown) (If yos, give	wor or dalos of son	SECURITY NO.	17. INFORMANT		ADDRESS
Yes 4/20/	17 - 11/23	/18 218-09-90-86	3900 Loch Ro	spital Recor	
18.	and the second second	CAUSE OF DEAT		ven Blvd., E	APPROXIMATE INTERVAL
DISEASE OR CON					SETWEEN ONSET AND DEATH
LEADING T		(A) IMMEDIATE CAL	se Pneumonia		3 days
(This does not mean the heart lailure, asthenia, et injury or complication wh	:. It means the dis	0.0	A CONSEQUENCE OF:	***************************************	***************************************
ANTECEDEN		Brok and a	lowette been	l diagona	14 months
		(B)	sclerotic hear	t disease	TH MOUTHS
DISEASES OR CONDIT	IONS, II any, g ause (A) statina	iving DUE 10, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITIO	N last.	(c)	**************************************		
- 11		Channel o	bronchitis		
OTHER SIGNIFICANT COND	TIONS CONTRIBUT	ING			
DISEASE OR CONDITION GI	VEN IN PART 1 (A).				***************************************
OTHER SIGNIFICANT COND TO THE DEATH BUT NOT R DISEASE OR CONDITION GI 179. DATE OF OPERATION 214. ACCIDENT WAS UNE	WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yos of	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
			YES		YES
. OR CONTRIBUTING CAL	ISE OF	218 PLACE OF INJURY (e.g., le home, form, foctory, street, pl	i or about 21 C. WHERE DID	(If in Boltimor	re Cily, give exoci location)
DEATH (notify medical exer	nlned	elc.)			
21D.TIME (Month) (D	ay) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)		While At Not While At Work	· I		
22. I cortify that (h (th)	s hasaltal) attend		une 30th	19 69 to	7.7- 011 (0
that (1) (we) last saw th			10		July 9th 19 69.
and have and from the c	auses stated abov	/e. (25 (We) (did) (2020)6345)Cv			
23A. SIGNATURE					23B, DATE SIGNED
	,	Atte	nding Med.	Stoff Phys.	July 1969
23C. PHYSICIAN'S	-4-	DEGREE Phys	3D. ADDRESS		
NAME (Type)	מונים אם בוונים	111111	3900 1	och Raven Bo	oulevard
	UNG E. CHUI	DEGREE	Balti	more Maryla	and 21.28
REMOVAL (Specify)		C.NAME of CEMETERY of CRE			
	7-11-1969	Baltimore Na	tional E	Balto.,	Md.
5A. DATE REC'D BY HEALTH	10	and the second second	Henry W		Sons Condition 212
00FT 0 1202 A	over E vai	Ber MD?	12.1.2 11498	5 York Ros	ad Balto., Md.



-				BALTIMORE CITY	HEALTH DEPARTMEN	IT	00	00-
	1-52	69	69	59 CERTIFICA	TE OF DEAT	H REG. NO	68	6959
	TH NO.	00		O CERTIFICA				
	AME OF DEC	JAMES R	. THOM	AS		ly 9, 1969		Μ.
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	14. USUAL RESIDENCE	(Where deceased lived, If in	n stifution: residen	ce before odmission)
FII	LL NAME OF	HE NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryla Maryla	nd	10	12
HC	SPITAL OR	ADDRESS OR LOCA	TION)	DITON, GIVE STREET	C. CITY OR TOWN		IDE CITY LIMITS	
					Baltimore		YES 🌅	NO
4					E. STREET AND NUMB	ER		
	Bon Se	cours Hosp	itaa		2706 W. E	Baltimore St	reet	
5. 5	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months: Doys	Hours Min.
	M	C	WIDOWED	DIVORCED	7/25/99	tost birthdoy)	Months Days	Hours Wiln.
			10B, KIND OF	BUSINESS OR INDUSTRY		r foreign country)	12. CITIZEN	FWHAT COUNTRY?
		working life, even if retired)			2/2 2		TT	G A
	Chauffe				Maryland 14. MOTHER'S MAIDEN	LMAAAE	U.	S.A.
13.	TAINER 3 NA	VI C			14. MOTHER 3 MAIDEN	NAME		
		Thomas			Katherine			
15. Yes	Was Deceased s, no or unknown	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	n + Skar' North	ADD	RESS
	No			216-09-151	7 Estelle	Thomas 2706	W. Bal	timore St.
	18, / Q /	V		CAUSE OF DEAT	Н			ROXIMATE INTERVAL
	T DISEA!	SE OR CONDITION DI	RECTLY		0.1			EN ONSET AND DEATH
		LEADING TO DEATH		(A)MAMEDIATE CAL	RE Chronic 1	Perperestary Fus	lino 3	30 Olys
		al mean the made at asthenio, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:	7		
		asinemo, etc. it means						
		ANTECEDENT CAUSES		20 to 1	Elwerner Obs	Accepted Pull	wer 21	ulu-
	DISEASES (	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		2	f
	rise to the	e above couse (A)		Descar	(Cl Bons	1. 1. y Embers	eu.)	
	UNDERLYING	G CONDITION lost.	14.1	(c)	( course or or)	T. J.		
7		11						
0		FICANT CONDITIONS CO						
CA	DISEASE OR C	ONDITION GIVEN IN PAR	T 1 (A).	WILLICH ORDER TION	20A. AUTOPSY? (Yes	a. Nall 200 AF Mee Mens	FINDINGS CON	CIDEBED
ERTIFIC	IVA. DATE OF	OPERATION 198. CON		WHICH OPERATION	A AUTOPST? Ties	or No. 208, IF YES, WERE IN CERTIFYING CA	USES OF DEAT	H?
CER	21A ACCIDE	NT WAS UNDERLYING	7 218	PLACE OF INJURY (e.g., i	n or about 21 C WHERE D	ID (If in Rollima	re City, give exor	et location)
AL O	OR CONTRIBL	JTING CAUSE OF	hon	ne, form, foctory, street, o	ffice bldg., INJURY OCCU	R?	re Chy, give exor	Li locotton)
O		medical examiner)						
EDI	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		NJURY OCCUR?		
\$	(APPROX.)		Wh	ile At Not Whit			,	
	22. Logstify	that (1) (this haspital	) attended t	he deceased from	Eme 6	1967 to 1	ul 10	10 69
		last saw the decease		1.1 2 11	1969 ar	nd that in (my) (oot) ap	Inian death as	curred on the date
				1	/		illiali death ac	corred on the date
			led abave. (	(We) (did nat) v	view the bady after de	ath.	loop DAVE SE	NIED.
	23A. SIGNATU	1//	/	1/7	ending [7] Med.	Staff	23B. DATE SIG	NED
	Den	Sp. Maye	-h.	DEGREE Phy		Phys.	grates	10/969
	23 C. PHYSICIA NAME (T	N'S ype)	1	,	23D. ADDRESS	11. 60.	0	1- 0
	7	enan S KARP	ens In	MD.	514 yealers	And Islay, 1.	Selfo,	mes,
24A	BURIAL CRE		24C. N	AME of CEMETERY of CR	EMATORY 2	4D. LOCATION (C	City, town, or cou	nty) (Stote)
1	Burial	7/12/	69 Nt	. Calvery		Arnold, Mar	wland	
		BY HEALTH DEPT.		OF REGISTRAR	25C FUNERAL DIRE		yland	DDRESS
1	SK 1 0 1	969 22.0€.	Failer.	The second second	Charles	A: Rice 661	W. Bar	re St.
VS.	150-REV. 1/1/	AR AR		-			11 4 22-02	





Called Lespital date of speration 7-3-69 CT.

Je Flore Mary and - Taget

Horas Wife to

7/10/67 Oct form

EUGENE GEIGHN "

Burne 19/49 Merchands sell

IMPORTANI

DIRECTOR:

FUNERAL

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) BALTIMORE COUNTY D. INSIDE CITY LIMITS? YES T If Under 1 Yr. Months: Doys 12. CITIZEN OF WHAT COUNTRY? USA RECORD'S BALTIMORE MD AGNES HOSPITAL WILKENS & CATON 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in (mx) (our) opinion death occurred an the date 23 B. DATE SIGNED BALTIMORE WILKENS & CATON AVE eceased written 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO 🕅

Hours Min.

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

MD 21229

EUGENE GEIGAN

Burnol 7/9/69 Marlanda

Elle mil

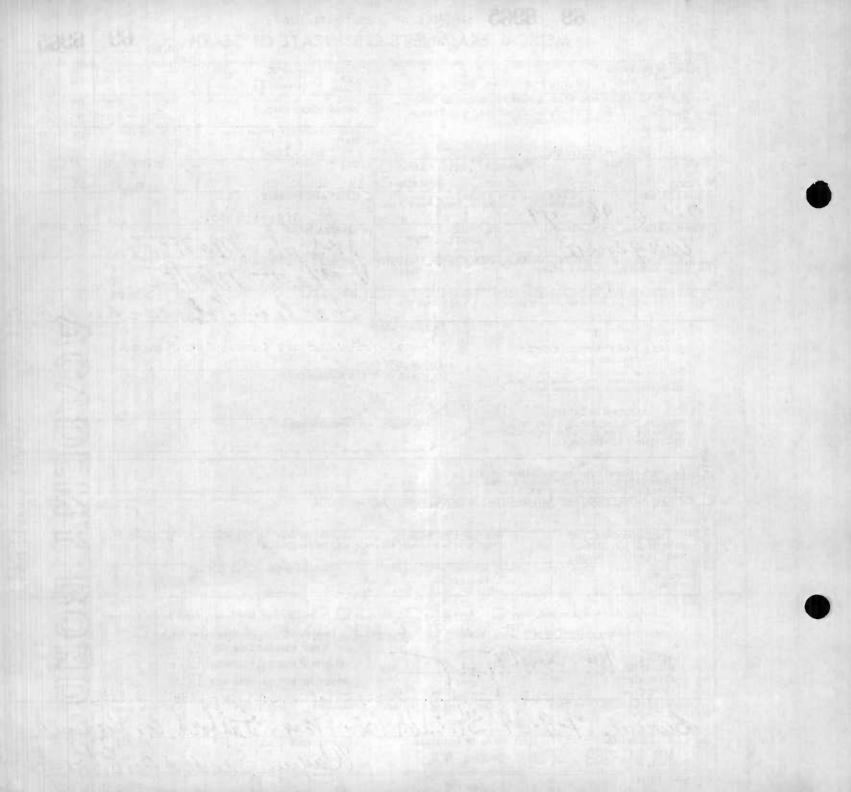
R-534 69	6964 CERTIFICA	Y HEALTH DEPARTMENT		69 6964
BIRTH NO.	CERTIFICA	ATE OF DEATH	REG. NO	20 0004
1. NAME OF DECEASED (Type or Print)			ID HOUR OF DEATH	
RANDALL, Ir	ene	6/30	169 - 54	Same
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	o deceased lived. Il in	nstitution: residence before admission
FULL NAME OF UF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	Maryland		1204
HOSPITAL OR ADDRESS OR LOCA	TION)	C. CIDIOR TOWN	D INC	IDE CITY LIMITS?
33		Baltinos	20	YES NO
The Johns Hopkins	Hospital	E. STREET AND NUMBER	11.40	123   140
-		1 2018. 22	In Street	•
S. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yis , If Under 24 His
tende Regge	WIDOWED DIVORCED	107/9/97	lost birthdoy) 71	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work	IOR KIND OF BUSINESS OR INDUSTR	T 11. BIRTHPLACE (Stole or lore		12. CITIZEN OF WHAT COUNTE
one during most of working life, even if retired!		Rape.	•	
3. FATHER'S NAME		Dullem	ove	
		14. MOTHER'S MAIDEN NAM	AE /	
unknown		Darah 1	Hall_	
5. Was Deceased Ever in U. S. Armed Farc (es.no or unknown) (If yes, give war or dates	of service)   6. SOCIAL   SECURITY NO.	17. INFORMANT		ADDRESS
	Jeoniii No.	Kassit	01)	-70
18.	CAUSE OF DEA	TH DEPLETE	1 Cela	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRE				BETWEEN ONSET AND DEAT
LEADING TO DEATH		M. +		57 40.5
This does not mean the mode at	dying, e.g., (A) IMMEDIATE CA	USE METASTATIC	CHACILLON	IN 8 Mas.
heart failure, asthenio, etc. Il means injury or complication which caused	ne disease.			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if .	(B)	A CONSEQUENCE OF:		***************************************
rise to the above cause (A)	sloting the	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)		***********	
Z OVUER SIGNIFICANT CONTRACTOR				
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE	TRIBUTING			
DISEASE OR CONDITION GIVEN IN PART	Ι (Δ).	***************************************	Market Tolday	
DISEASE OR CONDITION GIVEN IN PART 19A DATE OF OPERATION 19B COND WAS PERFO	ITION FOR WHICH OPERATION	NO NO	20B, IF TES, WERE F	INDINGS CONSIDERED
21A. ACCIDENT WAS HADERITING	101 8 00 4 00			-
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURT (e.g., home, form, foctory, street, c	in or about 21 C. WHERE DID	(If In Boltimore	City, give exect lecetion)
DEATH (notify medical examine)	otc.)			
I OE IN HIBY	(Hour 21E INJURY OCCURRED	21F. HOW DID INJU	RT OCCUR?	
(APPROX)	While At Not Whi Work At Work	•		
22. I certify that (1) (this hospital)				
that (1) (we) last sow the deceased			9 64 ta	
	/		t in <del>(my</del> ) (our) opin	Ion death accurred an the date
and haur and fram the causes state	d abave. (1) (We) (did) (did not)	rlew the bady after death.	756	
O I	A1.	1.dt		23B, DATE SIGNED
Josep II There	DEGREE Phy	oriding Med. S	taff thys.	6/30/10
23C. PHTSIOTAR'S // NAME (Type)		23 D. ADDRESS		1-/0-
John H. Stok	OO, M.D. DEGREE	The Johns Ho	nkine Hoe	oital
A. BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERT OF CR	EMATORT 24D. LO		
REMOVAL (Specify)	a 422/ 12 11	1	(011)	, lown, or county) (Stolo)
5A. DATE REC'D BT HEALTH DEPT.  2	1 MM Ull Brur		RULO	1110
1111 4 0 4000	SE NAME OF REGISTRAR	250. EUNERAL DIRECTOR	/	P ADRESS /
U 1969 (V. Q. A)	2 To Q4 also 0 0			117 7 11 1



4/-236 69 6965 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFIC	CATE OF DEATH REG. NO. 69 6965
BIRTH NC.  1. NAME OF DECEASED  12. DATE	
(Type or Print) OF	Known   Month Doy Yeor Hour  Estimated □
QUEENIE HESTER DEATH  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  3. DATE	N
	UNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	July 5, 1969 2:04 a
A. STATE	ESIDENCE (Where deceased lived, If institution; residence before admission)  B. COUNTY
	Maryland 909
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR	TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED Balto	· YES NO
9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. E. STREET A Months; Doys; Hours; Min.	AND NUMBER
	12 Aisquith St.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER	
Vingenea WHAT COUNTRY?	John Molley
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15/MOTHER	R'S MAIDEN NAME
done during most of working life, even lifretired)	Fester Molley
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORM	MANT ADDRESS
Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	an low Tolor 1412 ausquite
19. / / CAUSE OF DEATH	APPROXIMATE INTERVAL
4/2/1	BETWEEN ONSET AND DEAT
	ic cardiovascular disease
(This does not made if dular and (A)IMMEDIATE CAUSE	
(This does not mean the mode of dying, e.g., heart foliure, osthenio, etc. it means the disease, injury or complication which caused death.)	UENCE OF:
miory of compaction which coused deoin.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	QUENCE OF:
UNDERLYING CONDITION LAST. (C)	
<u>C</u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMING	IED 21. AUTOPSY? (Yes or No)
Ö	
∠ 22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY(e.g., in or obout) 22	2C. WHERE DID (If In Boltimore City, give exact location)
UNDERLYING OR CONTRIB. home, form, foctory, street, office bldg., etc.) IN	JURY OCCUR?
UTING CAUSE OF DEATH.  ≥ 22D. TIME (Month) (Doy) (Yeor) (Hour)   22E, INJURY OCCURRED   22	
OF INJURY	2F. HOW DID INJURY OCCUR?
m. WORK AT WORK	
23.	
I certify that I held on Inquiry Inspection XX. Autopsy	ond that on this basis, death in my opinion
resulted from Notural causes Acadent Suicide Hou	micide Undetermined manner
1	CHIEF MEDICAL EXAMINER
SIGNATURE MANUEL ASSIS	STANT MEDICAL EXAMINER   DATE SIGNED
EXAMINER'S ASSOCI	CIATE MEDICAL EXAMINER
NAME (Type) Werner II. Shitz M. D. Denuty Chic	of Modical Examinar 7/5/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOL	RY 24D. LOCATION (City, town, or county) (Stote)
Burge 7-9-129 Shi Vals (05mx	Tru Stulland Pa. Harania
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G	PINERAL DIRECTOR ADDRESS ADDRESS
JUL 1 0 1969 Robert E. Farber, M.D.	C ( nine + 1
100	syner Janders 21/6 1/ relson
/S 151-REV. 1/1/68	Z 13 [3

19490000



CO COOO BALTIMORE C	ITY HEALTH DEPARTMENT
D-255 69 6966 CERTIFIC	CATE OF DEATH REG. NO. 69 6966
	AIL OF DEATH
T. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
MATIE DOCKMAN	7/10/69 16:25 Am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, II institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN ID INSIDE CITY HMTS?
INSTITUTION	o. It sales out a sum of
SINAI HOSPITAL & BALTIMORE INC	E. STREET AND NUMBER
42	5816 Jonguil Aue
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE Un vegts III Under 1 Yr. If Under 24 His
TEMALE WHITE WIDOWED DIVORCED	1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOME	RUSSIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DAVID STEIN	- HANNAH ELLA ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) UI yes, give wer or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
The state of the s	B MR. BERTRAM NEY. 3800 GLEN AVENUE #21215
18. CAUSE OF DEA	ATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAUSE MUCCARden InFranction
	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES	51. 1.11.12
DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR	AS A CONSEQUENCE OF:
tise to the above cause (A) stating the	
ONDERLING CONDITION (68). (C)	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION	20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
THE PARTY OF THE PROPERTY OF THE PARTY OF TH	in or about 21 C. WHERE DIO (If In Baltimore City, give exact location)
▼ DEATH Instify modical examined letc.)	office bldg. INJURY OCCUR?
O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
White At   Not W	hilo [-]
Werk LI At Wo	
22. I certify that (I)((this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on 7/10	
	19 6 9 and that In(my) (our) opinion death occurred on the date
ond hour and from the couses stated above (1) (We) (did) (did not)	
0000	Hending Med. Staff 7
DECISE PI	hys. Director Phys. 12
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
E. S. CAPLAN DEGREE	SINA Plusp BALLO
24A- BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OI CEMETERY OF C	REMATORY 24D. LOCATION ICity, town, or county) (Stotel
BURIAL 7-10-69 RIGA KURLANDER	VEREIN ROSEDALE, MARYLAND
25A. OATE REC'O BY HEALTH OEPT. 25B. NAME OF REGISTRAR	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
III 1 0 1969 Robert E. Jaber M.D.	A M IT A

1 91 24 o o

FT 855 Tes Tes Tes

SENDO SERVICE AND SELECTION OF STATE AND ADDRESS.

TAN SOUTHER TEST II., . 202 DESTRUCTE UP

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IMPORTANT

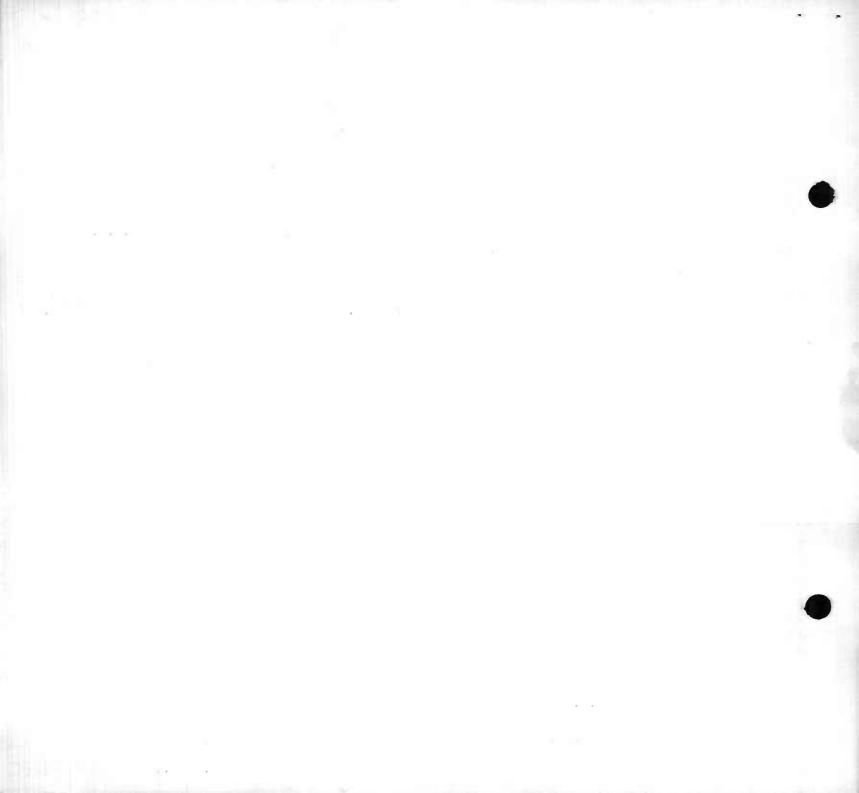
DIRECTOR:

FUNERAL

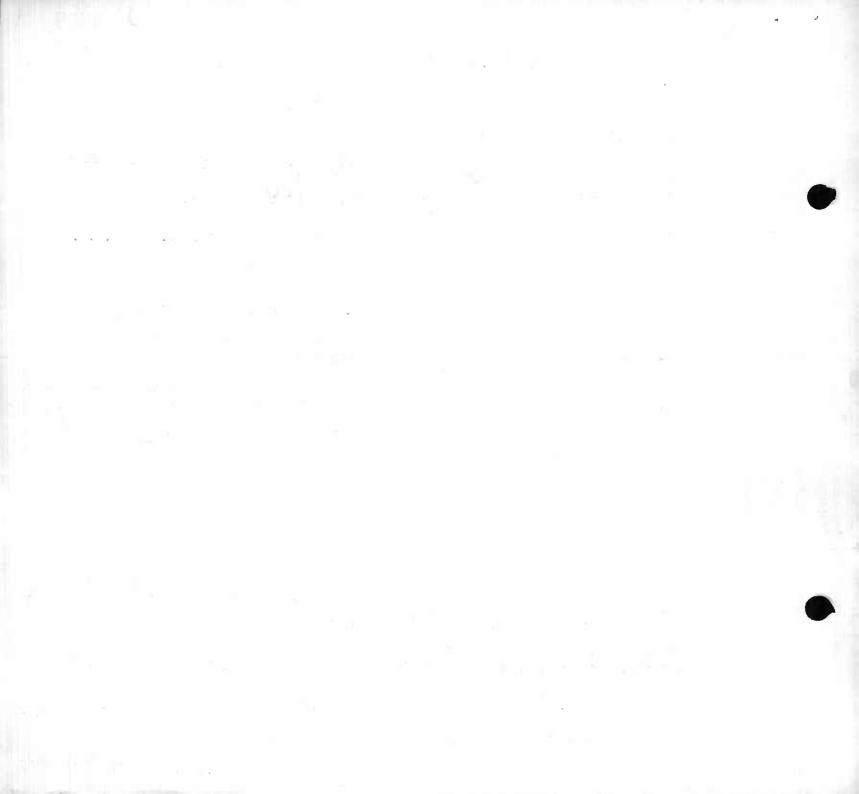
IMPORTANT

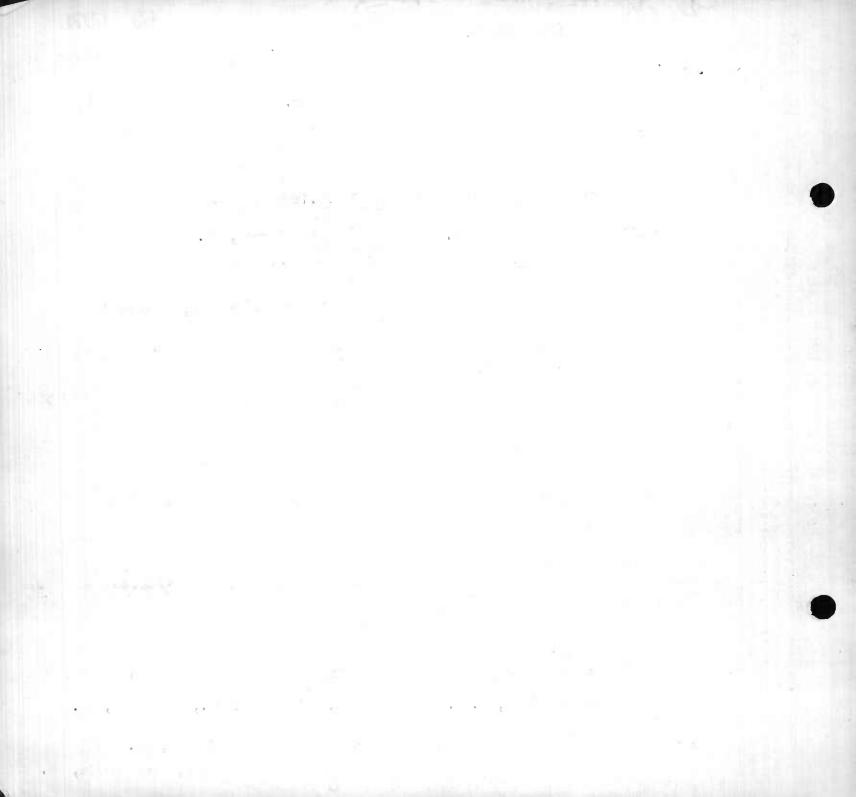
FUNERAL DIRECTOR:

BIRTH NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before the strict of the s
1. NAME OF DECEASED (Type of Paint)  2. DATE AND HOUR OF DEATH  7. OF ALL  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution; residence before of A. STATE B. COUNTY  A. STATE B. COUNTY  A. STATE B. COUNTY  C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  5. SEX  6. RACE  7. MARRIED NEVER MARRIED B. STREET AND NUMBER  5. SEX  6. RACE  7. MARRIED NEVER MARRIED B. B. DATE OF BIRTH  10. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country)  HOUSEWIFE  AT HOME  14. MOTHER'S MAIDEN NAME
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  BALTIMORE  FUND  C. CITY OR TOWN  BALTIMORE  F. STREET AND NUMBER  5. SEX  6. RACE  7. MARRIED  NEVER MARRIED  NEVER MARRIED  NEVER MARRIED  NO  BALTIMORE  F. MARRIED  NO  B. DATE OF BIRTH  9. AGE (In years lost birthdoy)  Months Doys Hours  10A. USUAL OCCUPATION (Give kind of work)  HOUSEWIFE  AT HOME  BALTIMORE, MARYLAND  12. CITIZEN OF WHAT  BALTIMORE, MARYLAND  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  LEAD THE BALTIMORE  S. SEX    6. RACE
HOSPITAL OR ADDRESS OR LOCATION)    STATE   C. CITY OR TOWN   D. INSIDE CITY LIMITS?
BALTIMORE  S. SEX  6. RACE  7. MARRIED NEVER MARRIED B. B. DATE OF BIRTH  10A. USUAL OCCUPATION (Give kind of work lost done during most of working life, even if relired)  HOUSEWIFE  13. FATHER'S NAME  D. INSIDE CITY LIMITS?  YES NO  BALTIMORE  5517 LYNVIEW AVENUE  8. DATE OF BIRTH  19. AGE (in yeors lost birthdoy)  11. BIRTHPLACE (Stole or loreign country)  12. CITIZEN OF WHAT  14. MOTHER'S MARY LAND  14. MOTHER'S MAIDEN NAME
E. STREET AND NUMBER  5517 LYNVIEW AVENUE  6. RACE    FAMALE   WHITE   WIDOWED   DIVORCED   11   STREET AND NUMBER   10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   AT HOME   BALTIMORE, MARY LAND   12. CITIZEN OF WHAT   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME
5. SEX  6. RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  10A, USUAL OCCUPATION (Give kind of work)  10A, USUAL OCCUPATION (Give kind of work)  10B, KIND OF BUSINESS OR INDUSTRY  HOUSEWIFE  AT HOME  14. MOTHER'S MAIDEN NAME
5. SEX  6. RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  FEMALE WHITE WIDOWED DIVORCED 11 5 886  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE  AT HOME  14. MOTHER'S MAIDEN NAME
TOA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of loreign country)  HOUSEWIFE  AT HOME  BALTIMORE, MARY LAND  U.S.A.  14. MOTHER'S MAIDEN NAME
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of loreign country)  HOUSEWIFE  AT HOME  BALTIMORE, MARY LAND  U.S.A.  13. FATHER'S NAME
HOUSEWIFE AT HOME BALTIMORE, MARYLAND U.S.A.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
MUNICIPAL O LIVER A PROPERTY OF THE PROPERTY O
SXXXXX SAMUEL OPPENHEIMER ISABELLE LOWENTHAL
15. Was Decoased Ever in U. S. Armed Forces? 11.6. SOCIAL 17. INCOMMENT
SECURITY NO.
NO 220-46-679 MR. ALBERT OPPENHEIMER, 5517 LYNVIEW AVI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not meon the mode of dying, e.g., heort loiluie, asthenio, etc. It means the disease,
injury or complication which caused deoth.)
ANTECEDENT CAUSES 10 Chronic Respiratory touture 10 yr
DISEASES OR CONDITIONS, it any, giving rise to the above cause IAI stoting the
UNDERLYING CONDITION lasi.
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
OBSEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198- CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED.
WAS PERFORMED WHICH OFERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CEPTIFAING CALLESS OF DEATHS
U 21A. ACCIDENT WAS HINDERIVING (1)
OR CONTRIBUTING CAUSE OF CAUSE
Q 210-TIME (Month) (Doy) (Year) (Hourd 21E INTURY OCCURRED 23E HOW DID NAMED ASSESSMENT OF THE PROPERTY OF THE
(APPROX) While AI Not While
Work Al Work
22. I certify that (1) (this haspital) attended the deceased from 7-6 1969 to 7-8 19.
that (I) (we) last saw the deceased alive on
and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
238, DATE SIGNED
DEGREE Phys. Director Phys. S 7/8/69.
NAME (Type)
DEGREE
REMOVAL (Specify)
BURIAL 7-10-69 HEBREW FRIENDSHIP BALTIMORE, MARYLAND
JUL 1 0 1969 Robert E. Jaker MD 256, FUNERAL DIRECTOR SOL LEVINSON & BROS. INC., 6010 REISTER
JUL 1 0 1969 Robert E. Jahren 100. SOL LEVINSON & BROS. INC., 6010 REISTER

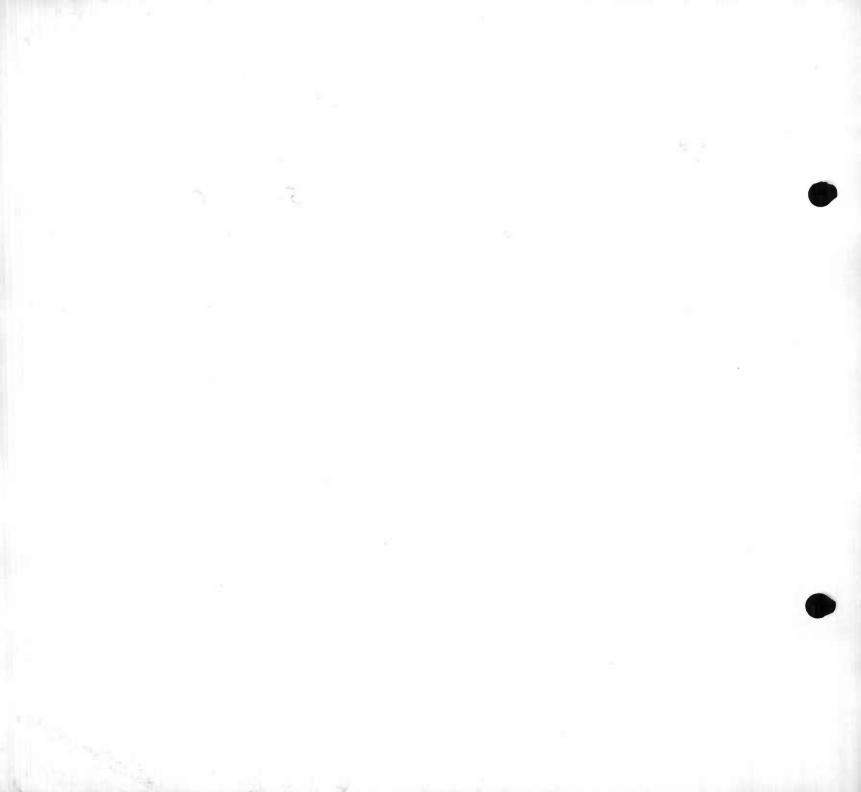


7-500 69 6969 CEPTIFIC	ATE OF DEATH X REG. NO. 69 6969
BIRTH NO.  1. NAME OF DECEASED  IType of Print)  MELVIN L. FINE	2. DATE AND HOUR OF DEATH
	171769 8,20 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  B. COUNTY  A. STATE  B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
SINAL HOSPITAL OF BALTIMOR	BALTIMORE YES NO X
72	E. STREET AND NUMBER 12 SWAN HCC DRIVE #8
5. SEX ALE WHITE NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 His. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or loreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even it retired!  ATTORNEY  AT LAW	BALTIMORE, MD. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MORRIS FINE	BERTHA ?
15. Was Decoased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS
NO	MRS. BETTY FINE, 12 SWANHILL DRIVE #21208
4/6/1	CARDIO-RESPIRA TORY BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	AUSE APP 6 5 T SA CONSEQUENCE OF:
heart laiture, asthenia, etc. It means the disease, injury or complication which coused death.)	ACUTE MYOCARDIAL 6-20-69
ANTECEDENT CAUSES	1015 10 10 10 10 10 10 10 10 10 10 10 10 10
DISEASES OR CONDITIONS, if any, giving (B)	AS A CONSEQUENCE OF:
The cover cove (A) staining the	ARTERIOSCI, CV DISCAIC
UNDERLYING CONDITION last, (C).	ALE TO THE
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	affice bldg., INJURY OCCUR? (If In Boltimore City, give exact location)
21D.TIME (Manth) (Doy) IYeor) (Haw) 21E, INJURY OCCURRED While At East White	21F. HOW DID INJURT OCCUR?
OF INJURY (APPROX.)  While At Not Wh Work At Work	hilo
22. I certify that (1) (this hospital) ottended the deceased from	1-010
that (1) (We) last saw the deceased alive on	1963 and that in(my) (our) opinion deoth occurred on the dote
ond hour and from the couses stated above (1) (We) (did) (did not)	view the body ofter deoth.
	Hending Med. Stoff 9 7 7 69
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
PETER A. PAPRASKUSEUR	
REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OF CE	REMATORY 24D. LOCATION (City, town, or county) (Stotel
BURIAL 7-9-69 BETH JACOB	FINKSBURG, MARYLAND
JUL 1 0 1969 Rober E. Faber & D.	SOL LEVINSON & BRUS., 6010 REISTERSTOWN ROAD





	M- 222 69 6	971 BALTIMORE CITY	HEALTH DEPARTMENT		CO	COMA
BIR	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	69	6971
1. N	NAME OF DECEASED	1	2. DATE AN	D HOUR OF DEATH		
	111090WSK1 L	nthony	71	9/69	1	8:20
3, 1	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il i	nstitution: reside	nce belore admiss
FU	ILL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION. GIVE STREET	Maryla		1	XI
INS	DISPITAL OR ADDRESS OR LOCATION	The state of the s	C. CITY OR TOWN	2/23/ D. INS	IDE CITY LIMITS	?
			Raltimore	1231	YES K	поП
	34 Son Secours		E. STREET AND NUMBER	,		
			2035. WAS	hington .	St.	
5. S	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	ost bisthdoy)	If Under 1 Y Months Doy	r. , If Under 24 I
		WED DIVORCED	8/12/98	70	Months Doy	s Hours Min
OA.	LUSUAL OCCUPATION (Give kind of work 10B, KIN o during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forois	gn country)	12. CITIZEN	OF WHAT COUN
ubile	TAVI 60	(AVI DOING	1 1/11/11/4/11	11 4		
13. [	FATHER'S NAME	TITCORTIOG	14. MOTHER'S MAIDEN NAM	1//	1-/14	UANIA
	a m	4	: /	2		
15 4	Wos Deceased Ever in U. S. Armed Forces?	SKI	KATherine	2 !		
Yes	s, no or unknown) (If yes, give war ar dotos of sarv	icel SECURITY NO.	1/- INFORMANT		ADI	DRESS
	NO	219-32-0158	ALBERT M.	4GOINSX	12023	WASH. ST
	18. // / J X	CAUSE OF DEATH		1000011	APF	PROXIMATE INTERVA
	DISEASE OR CONDITION DIRECTLY			somsold ac		EN ONSET AND DE
- 1	LEADING TO DEATH		E real you ton	arrest onloss	3. ele	
- 1		(A) IMMEDIATE CAUS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the second second		
1	This does not mean the mode of dving	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	Pul-a-ul	٩	****************
		8.C.		Pulsonel	٩	
	This does not mean the mode of dying, hoost loiture, asthenia, etc. It means the disc	8.C.		Pul-o-ul	٩	**************************************
	17his does not mean the mode of dying, hoost loituse, asthenia, etc. It means the disciniury of camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if one, of	e.g., DUE TO, OR AS A		Pulsonal Eyh, Sea.	, a,	
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Suicide

M.D.

24C. NAME of CEMETERY or CREMATORY

Homicide \_\_\_

25C. FUNERAL DIRECTOR

CHIEF MEDICAL EXAMINER

24D, LOCATION

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

Undetermined manner

DATE SIGNED

(State)

6/9/69

(City, lown, or county)

**ADDRESS** 

resulted from: Natural causes

24B. DATE

ACTUAL

REMOVAL (Specify)

BURIAL

JUL

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

SIGNATURE

**EXAMINER'S** 

NAME (Type)
24A, BURIAL CREMATION.

Accident X

258. NAME OF REGISTRAR

Q

Ronald N. Kornblum, M.D.

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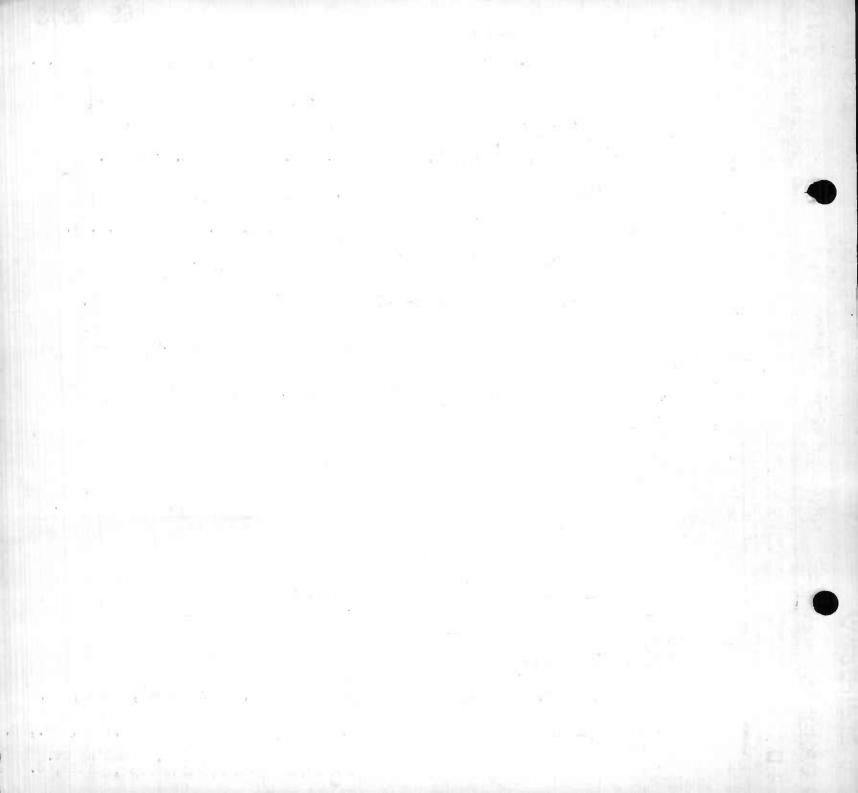
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DIRECTOR:

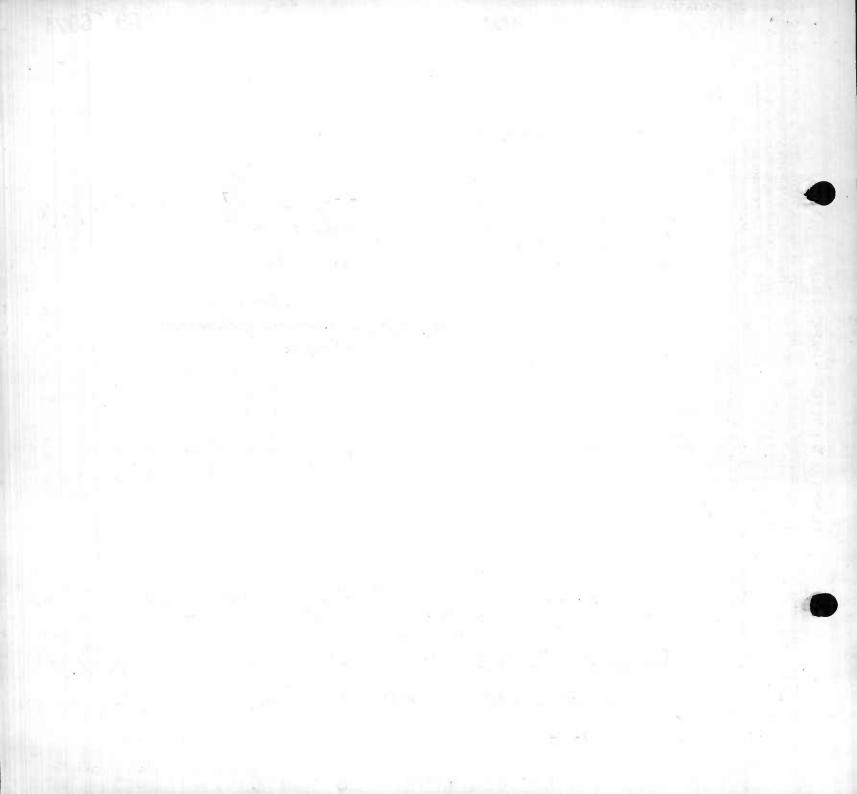
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VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



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S. BEX   G. RACE   MARRIED   NEVER MARRIED   S. DATE OF BIRTH   Statistificacy   Total birthdoory   Total birthdoory   Total birthdoory   Total birthdoory   Total birthdoory   Total birthdoory   Months:   Doys   Hour Middle   Months:   Doys   Months:   Doys   Months:   Doys   Months:   Doys   Months:   Doys   Months:   Doys   Hour Middle   Months:   Doys   Hour Middle	
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S. Was Daceased Ever in U. S. Armed Forces?  18-, no of unknown) [If yes, give wor of dotes of service)   G. SOCIAL SECURITY NO.   17. INFORMANT   Adam Pakulski 362 Drew Street    18-, DISEASE OR CONDITION DIRECTLY   LEADING TO DEATH   CAUSE OF DEATH   CITY   CAUSE OF DEATH	
Adam Pakulski 362 Drew Street  18.	
Adam Pakulski 362 Drew Street  18.	
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25G. FUNERAL DIRECTOR WALTER DABROWSKI 1005 DUNDALK AVEN	d an the d
	1 of 2/2 (Stote
75 150-REV. 1/1/6B 9 6 9 6 9 6	(Stote



IMPORTANT

FUNERAL DIRECTOR:

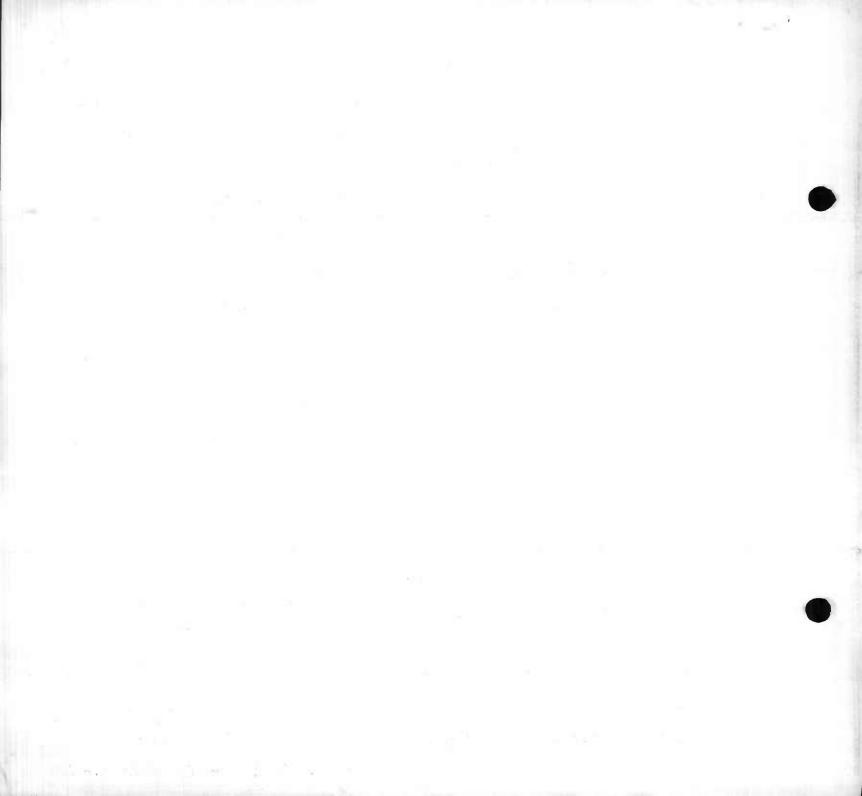
	S 2/11 BALTIMORE	CITY HEALTH DEPARTMENT
		CATE OF DEATH REG. NO. 69 6975
	NAME OF DECEASED ype or Print)	2. DATE AND HOUR OF DEATH
	STOLBA TOSEPHINE M.	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
		A STATE & COUNTY
11.3	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. 2605
	SOUTH BALTIMORE GENERAL HOSPITAL	C. CITY OR TOWN D. INSIDE CITY LIMITS?  BALTIMORE YES NO
1	EN CHANAVIERSE RALL 111 AIRA	E. STREET AND NUMBER
	SEX GRACE TO BALTON, Md., 2/230	
٥	FEMALE WHITE WIDOWED DIVORCED	1
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	
0	HOUSE WORK  AT HOME	MARYLAND, BALTIMORE U.S.A.
Ī	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOSEPH LANG (DEC.)	ANNA FISCHER (DEC)
13	. Wos Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
	NO 219-44-031	7 FRANKHAIT STOLAA SAME,
	18. CAUSE OF DE	THE THE PARTY OF T
ı	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying e.g. (A)IMMEDIATE	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
ı.	ANTECEDENT CAUSES C.A.	CRHOSIS OF LIVER
1	DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE OF:
1	nse to the above couse (A) stoting the UNDERLYING CONDITION lost.	
	ONDERLING CONDITION lost. (C)	
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
A	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CEPTIEICATION	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPST? (Yes or No.) 20B. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING TICALISE OF	g., in or obout 21 C. WHERE DID (If In Boltimore City, give exect location), office bldg., INJURY OCCUR?
AAEDICAI	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
3	(APPROX.) While At Work At W	Vhile O
	22. I certify that (I) (this hospital) attended the deceased fram	6-19 19 69 to 7/8 1969
	that (I) (we) last saw the deceased alive an 7-8	19 6 9 and that in(my) (aur) apinian death accurred an the date
	and haur and fram the causes stated above. (1) (We) (did) (did not	
	23A. SIGNATURE	23& DATE SIGNED
1		Attending Med. Staff Phys. 7-8-69
	BARIEY ALAN BLUM MD	SOUTH BALTIMORE GENERAL HOSPITAL
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERT OF REMOVAL (Specily)	REE
	BURIAL 7-11-69 OAK LAW	N CEMI 7225 EASTERN BLUD, BA, CO., MD
25	A. DATE REC'D AT HEALTH DEST. E 255 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	20/11 1303 AMOSTO C 40000 10 0	Colarla Sureller BALTON 21224, MD.
' V:	150-REV. 1/1/68	



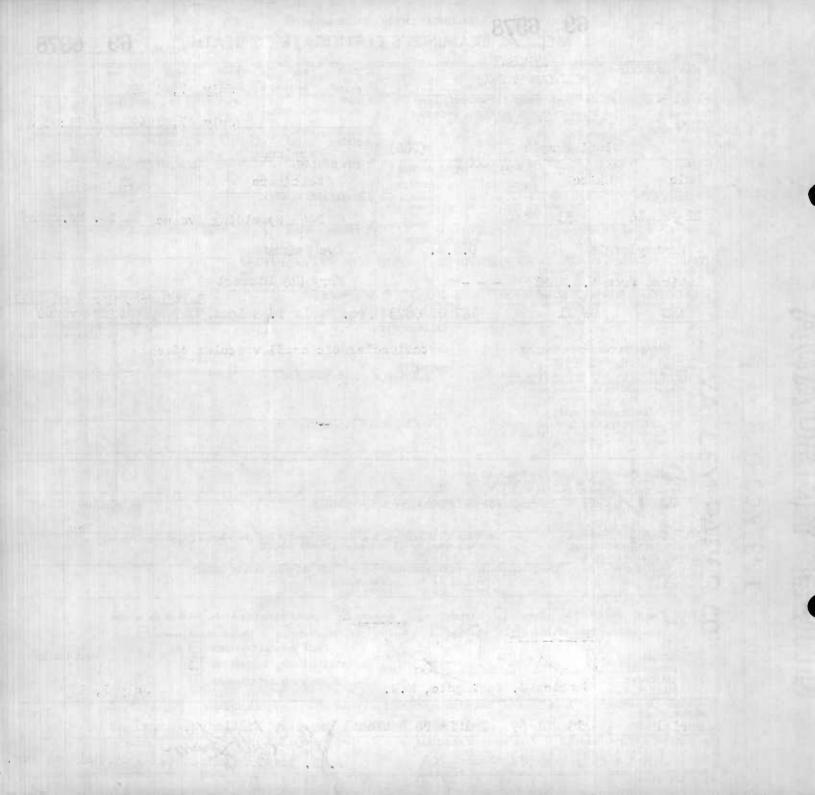
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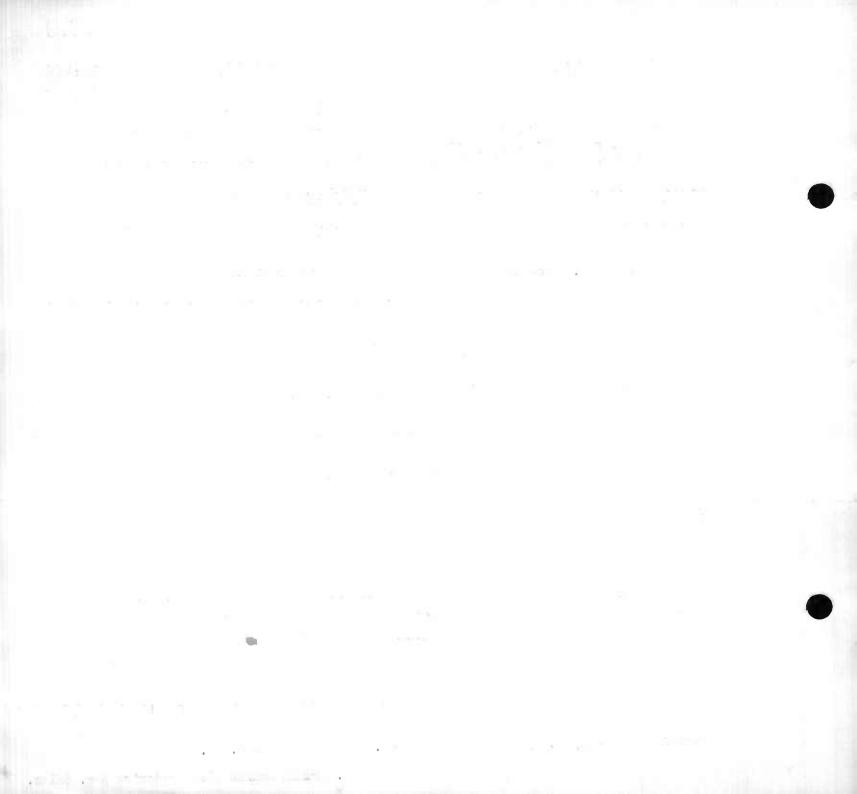
1 0-	h e		BALTIMORE CITY	HEALTH DEPARTMENT		
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Type or Print	CEASED	100		2. DATE A	NO HOUR OF DEATH	- 0.
2 81 ACE IN 84	Neg Na	1 & P	ouchta	Jul	4 8, 196	9 1 9:20 9
3. PLACE IN BA	LTIMORE MARYLA	ND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	eroldoceosed lived. Il ins NTY	litution: residence before admissio
FULL NAME OF	F (IF NOT IN	HOSPITAL OR INS	STITUTION, GIVE STREET	Marylan	•	1653
HOSPITAL OR	ADDRESS OF	LOCATION		C. CITY OR TOWN		DE CITY LIMITS?
8.	. 000			Baltimor	2	YES NO NO
Mary	land G	eneral	Hospital	E. STREET AND NUMBER		
i, SEX	6. RACE			5062 2 . F.		· · · · · · · · · · · · · · · · · · ·
$\mathbf{m}$	W	WIDOW		3-7-93	9. AGE (In years last birthdey)	If Under 1 Yr. If Under 24 Hr Manths Days Haurs Min.
OA, USUAL OCC	UPATION (Give kind I working life, even it r	of work 10 B, KIN D	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign ceuntry)	12. CITIZEN OF WHAT COUNT
NO		entred)		United Stat	es (Mar	(0.0)
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME (	land)
En 4	lerick E	214		D	2	,
5. Was Decoase	d Ever In U. S. Am	ed Forces?	1 6. SOCIAL	17. INFORMANT	•	ADDRESS
fas,na ar unknow	d Ever In U. S. Am n) (If yas, give war	er dates el servic				ADDRESS
No			218-07-9989	,	ecords	
18.5 /	1.21		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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(This does	nal mean the mo	de of dving, e	(A) IMMEDIATE CAL	ISE		< 48 hours
heart failure.	, asthenia, etc. It i mplication which o	means the disea	se,	A CONSEQUENCE OF:		
			Para	100000		1101
	ANTECEDENT CA			imonia		<48 hours
	OR CONDITIONS to above causa		he and	A CONSEQUENCE OF:	1 1	
UNDERLYIN	G CONDITION IO	si.	(c) Chron	ic Ubstructive	Lung Diseas	se Years
7	11			<del></del>	J	
OTHER SIGNI	FICANT CONDITION TH BUT NOT RELATE	S CONTRIBUTION	G			
DISEASE OR	CONDITION GIVEN	IN PART 1 (A).	***************************************	(20.4		
OTHER SIGNI TO THE DEA DISEASE OR O 19A. DATE OF	F OPERATION 198	S PERFORMED	R WHICH OPERATION	20A AUTOPSY? (Yes at No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
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OR CONTRIB	INT WAS UNDERLY UTINO CAUSE O y medical examinent	F	name, lerm, fectory, street, el	fice bidg., INJURY OCCUR?	fir in Relimere	City, give exact lacation)
2 210 7111						
DEATH (notily OF INJURY	(Menth) (Day)		While At -	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)			While At At Wark		,	
22. I certify	that (1) (this ho	spital) attende	d the deceased from	July 6	1969 to Ju	14 8, 19 69
	) last sow the de			19 69 ond th	ot in (my) (our) opini	an death accurred on the da
and hour an	d from the cause	s stated above	(I) (We) (did) (did not) v	lew the bady after death.		,
23A. SIGNATI	URE (/)	Λ	, , , , , , , , , , , , , , , , , , , ,	usey used deaths	la	23B, DATE SIGNED
Will	lian	AL A	m, D Atte	nding Med.	Staff Phys.	7 7 10
23C.PHYSICIA	ANS	1.00 al	DEGREE	Director L.	rnys.	1-8-67
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4A. BURIAL CRE	EMATION, 24B, DA	Doda	1 DEGREE	Maryland (	everal Ho.	spota/
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BIF	TH NO.		TNDSA							KEO. 140	·		
	NAME OF DEC	WILLIA	M HAI	NES		2. DATE OF DEATH	Known Estimoted		Month July	Day 7 10	969	r Hour	м.
4.	PLACE IN BAL	TIMORE, MARYLAND,	WHERE P	RONOUNCED	DEAD	3. DATE			Month	Doy	Yeo	r Hour	М.
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC		TITUTION, GIVE	STREET		RESIDENCE (		July		969	11:	25 Am.
		Sinai Hosp	oital	1272	(DOA)	A. STATE	Maryla		eceasea IIV	B. COUNTY		7/7	ission)
6.	SEX	7. RACE	B. MARI	NEVER	MARRIED _	C. CITY	OR TOWN			D. INSIDE	CITY LIMIT	5?	
	Male	White	WIDOV	VED 🗌	DIVORCED [		Baltimo	ore		JM	YES 🔼	NO 🗆	
	DATE OF BIRT	lost birtho	In years	If Under 1 Yr. I Months , Doys 1	f Under 24 Hrs. Hours   Min.	E. STREE	T AND NUMB		44			o. Md.	21215
		itate or foreign country)		12. CITIZEN C	)F	13. FATH	3049 SI	pauro	ding A	Avenue	Date	O. Mu.	-121)
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don	Retired	from U.S.ARM	Y				ary May		art		-		
16. (Yes	WAS DECEAS	ED EVER IN U.S. ARMI	D FORCE	17. SOC	IAL JRITY NO.	IB. INFO	RMANT		7 ]	Baltimo	ADDRESM	aryland	1 212
	YES	WW 11			1 0873	Mrs.	Maria T.	. Hai	ines :	3049 SI	pauldi	ng Aver	nue
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ю		, osthenio, etc. It means the policotion which coused d											
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CERTIFICATION	TO THE DEA	IFICANT CONDITIONS ( ATH BUT NOT RELATED T CONDITION GIVEN IN	O THE TERM	INAL									
RTI		OPERATION 20B. CO			PERATION W	AS PERFO	RMED		-		21. AU	TOPSY? (Yes	or No)
Ö	2,												
¥	22A. EXTER	NAL CAUSE WAS		22B. PLACE OF	INTURV(e.o.	in or obou	22C. WHERE	DID (If	in Roltimor	e City alve 4	exact location	Yes	
S	UNDERLYING	OR CONTRIB-		home, form, foci	lory, street, offic	e bidg., etc.	INJURY OCC	UR?	in ponnino.	City, give	DADET TOGGITO	")_	
MEDI		USE OF DEATH. (Month) (Doy) (Ye	as) (Va	-\ \\ 225 INIIIB\	OCCURRED		22F. HOW DI	ID INITIO	IDV OCCI	(D2)			
	OF INJURY	(Month) (Doy) (Te	or) (Hou	WHILE AT		WHILE	ZZI. NOW DI	טנאוו טו	iki occi	JKI			
	(APPROX.)			m. WORK	AT W	ORK							
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	EXAMIN NAME (1	(harle	s S.	Springat	e, M.D.	AS	SOCIATE MEDI	ICAL EXA	AMINER		July	7, 1969	)
	A. BURIAL CREA			24C. NAME	of CEMETERY	or CREMA	TORY	24D. LO	CATION	(City, to	wn, or cour	ity) (Si	ote)
	Burial	10 JU	IL 69	Baltim	ore Nat	ional	Cemeter	y Bal	ltimo	e, Mar	ryland		
-		BY HEALTH DEPT.		IAME OF REGI		250		//	111/		ADDRESS		
	JUL	1 1 1000	-	Farber 1			V 8.0	well		on 461		Height	ts Av
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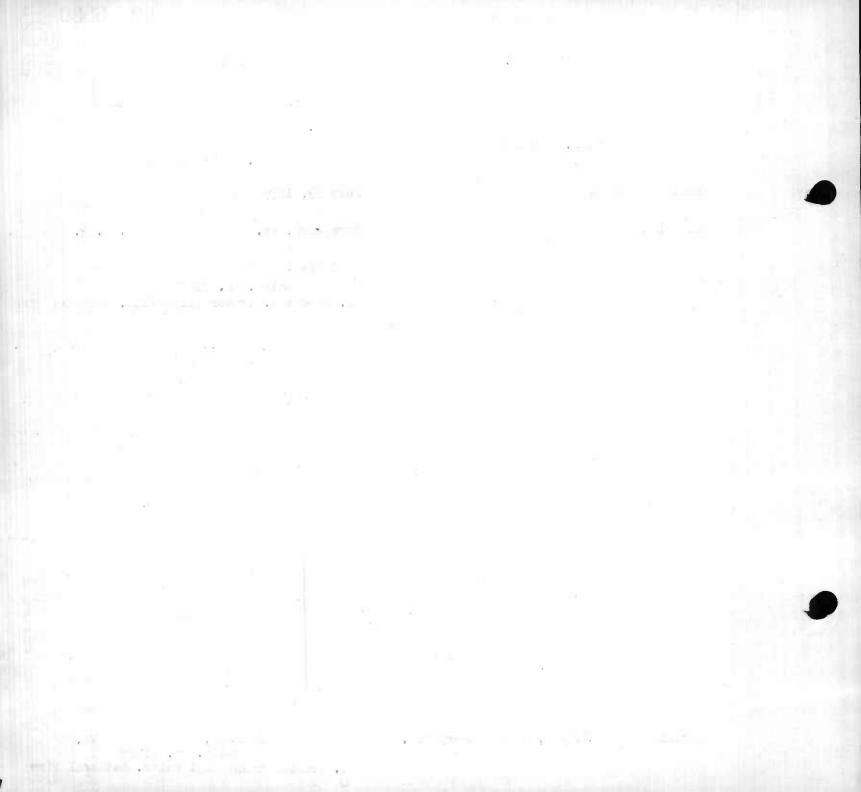
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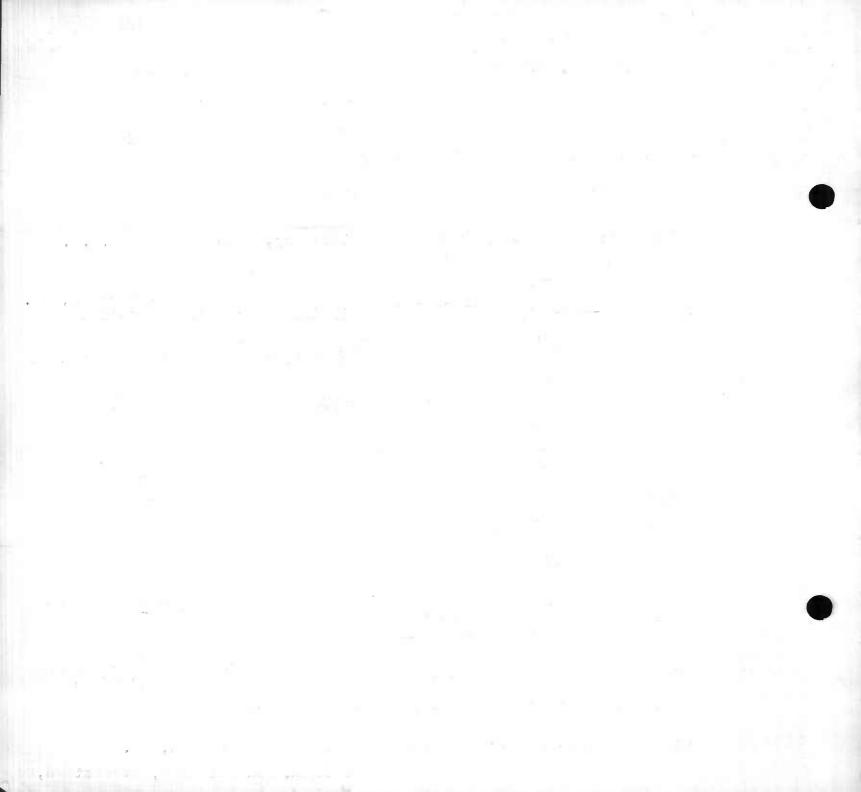
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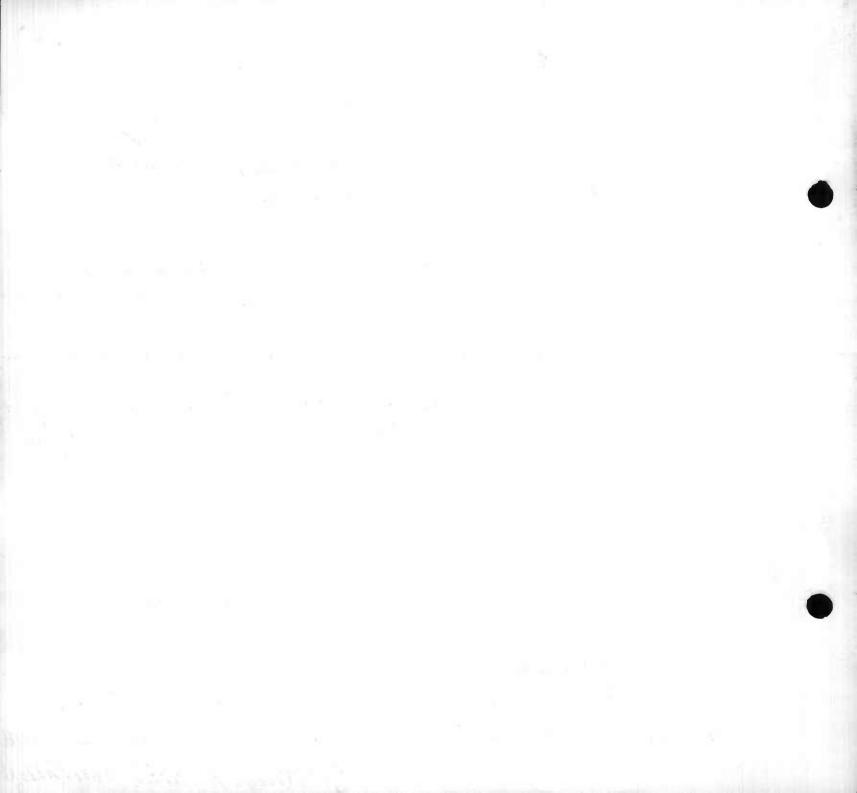
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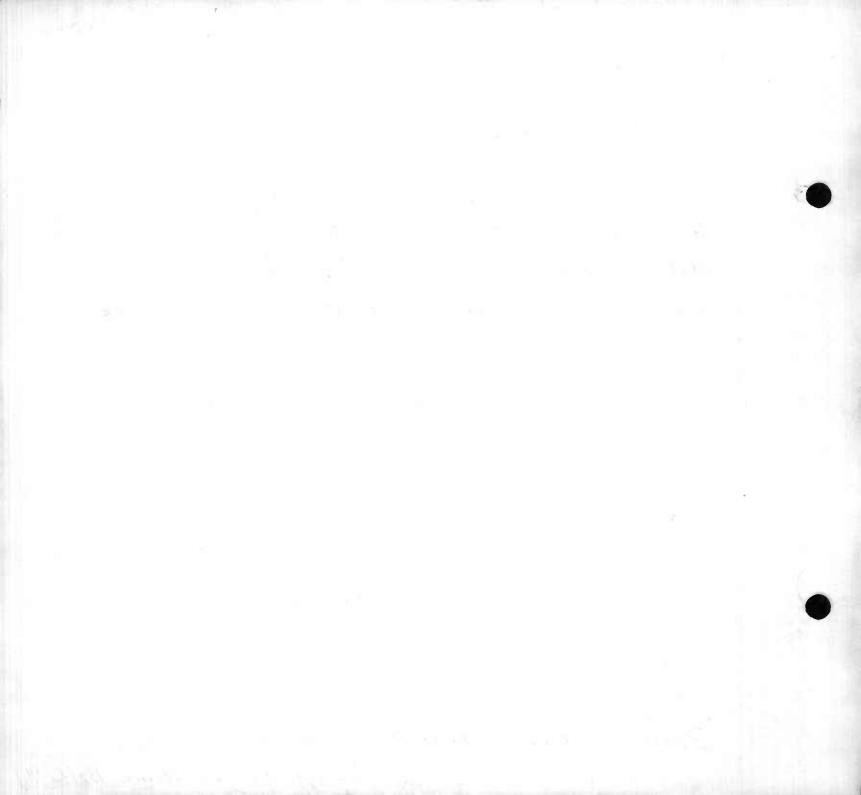
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REG. NO	69 6982
AND HOUR OF DEATH	0.4
7/5/69	_ 1 6 20 PM
7/6/69 Where deceased lived If ins	stitution: residence before odmissign)
altruore	2714
D. INSI	DE CITY LÍMITS?
more	YES NO
	Ave #11
9. AGE (In years lost birthday)	If Under 1 Yr Il Under 24 Hrs. Months Days Hours Min.
2 77	
foreign country)	12. CITIZEN OF WHAT COUNTRY?
Penna)	U.S.
NAME	1
stina Guit	AdUNIAS
	ADDRESS
wa (doughter)	Rd, Ball #34
, ,	APPROXIMATE INTERVAL
1 1 .	BETWEEN ONSET AND DEATH
ular Secrete	ut 3 days
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0 4	, , ,
clessly Cardy	iv. Dis. Several y ens
P	Leveral years
No) 208, IF YES, WERE F	INDINGS CONSIDERED
IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
	City, give exoci locotion)
r Johnsore	
INJURY OCCUR?	No.
	//
_19 <u>69 to 7</u>	
that In (my) (aur) apin	lan death accurred on the date
h.	
Shell I	23B, DATE SIGNED
Staff Phys.	7/6/69
i Hogite	I of Bolto.
LOCATION ICITY	(, town, or county) (State)
RUMP MILL	Rd. BALTICO, MA
FUNERAL	HOMEADDRESS 1 0 0 3 631 TALLSK
TO TO	1 0 3631/ALISK



VS 151-REV, 7/1/68

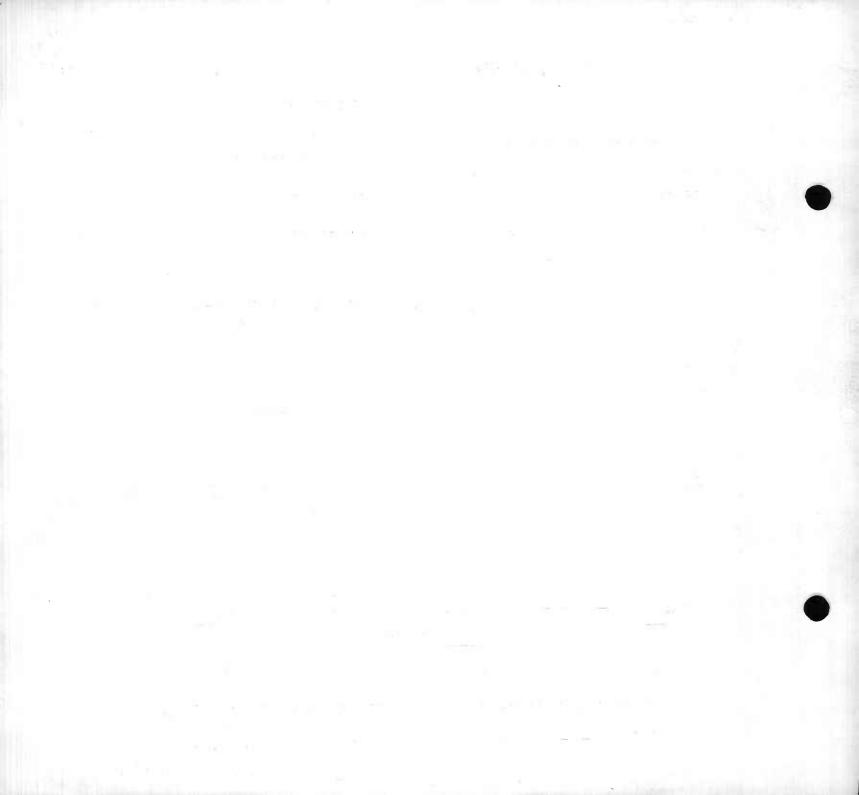
THE STATE OF THE S vanca game a . . . . . . Maria Santa St. Lett. Andrew Stroke 

1	L-000 69 6984 CERTIFICATE		69 6984
1,1	BIRTH NO.  1, NAME OF DECEASED  (Type or Print)  HARGADE  (Type or Print)	2. DATE AND HOUR OF DEATH	1 6 150
3.		USUAL RESIDENCE (Where deceased lived, II inst	itulion: residence before admission)
HO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND	E CITY LIMITS?
Į z	111 SINAL HOSPITAL OF	BOLTIMORE	YES NO
1	DECLINOTE THE.	STREET AND NUMBER 1419 W. 3749 STR	11 # 733
F	FEHOLE WHITE WIDOWED DIVORCED O	crover, 14,1884 QG	II Under 1 Yr. II Under 24 Hrs. Months Days Haurs Min.
dor	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. I done during most all working file, even if refired)	BIRTHPLACE (State or lareign country)	U.S. A.
13.		MOTHER'S MAIDEN NAME	
15. (Ye	15. Was Deceased Ever in U. S. Armed Farces? (Yes, na of unknown) [(II yes, give war ar dates af service)   SECURITY NO.	NFORMANT	ADDRESS
L	No 218521188 VI	ARTHAF Schruth	Same
	18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO, OR AS A COL	CONGESTIVE HEART	+ DAYS-
	heart lailure, asthenia, etc. It means the disease, injury or complication which coused death.	NSEQUENCE OF: FALW C	E
	ANTECEDENT CAUSES ARTERIOS	ESCIEDATE NEART D	DISE
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CO	ONSEQUENCE OF:	
	rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)	***************************************	
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  2	20A. AUTOPSY? (Yes of No.) 20R. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF home, form, factory, street, office E	about 21 C. WHERE DID (If in Baltimare bldg., INJURY OCCUR?	City, give exact location)
MEDI	21D.TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED  While At Not While (APROX.) Not While At Not Wark	21F. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this hospital) attended the deceased from		4 9 19 69
	that (I) (we) last saw the deceased alive on July 9	19_69_and that In(my) (our) apini	an death accurred on the date
	ond hour and fram the causes stated obave. (i) (We) (dtd) (dtd not) view		
	23A. SIGNATURE  (Quyaus) M. Attending Phys.  OEGREE  OFFICE  O	1	July 9, 1969
		SINAI Hospital o	Baltimore -
24/	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATE	ORY 24D. LOCATION (Gity.	tawn, or county) (Stote)
25/	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   2	25C. FUNERAL DIRECTOR	ADDRESS
L	JUL 1 1969 Robert E. Farber, M.D.	Builger Funeral He	ome Balto My
VS	VS 150-REV. 1/1/68	Du Missens Yr	



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FUNERAL DIRECTOR: IMPORTANT	ner. ner. nctu	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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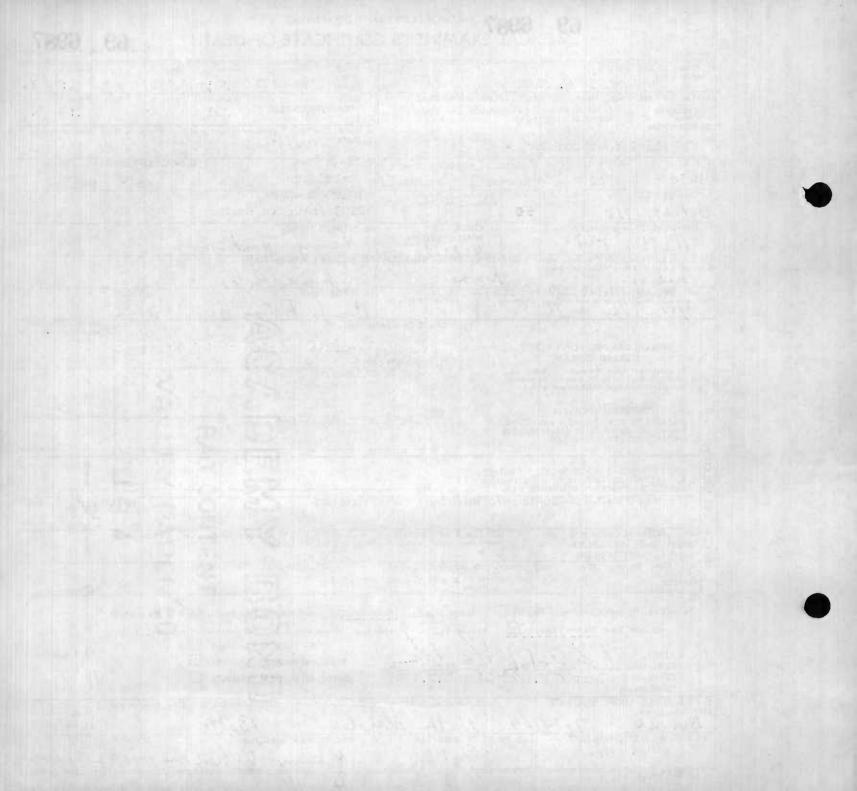
	H-631	69	698		Y HEALTH DEPARTMENT		69 6985
6.0	RTH NO.		OOD.	CERTIFICA	TE OF DEATH	REG. NO	69 6985
	NAME OF DECEASE ype or Print)	HARTEL.	MINNI	C   CC		AND HOUR OF DEATH	
3.	PLACE IN BALTIMO	ORE MARYLAND, WI			4. USUAL RESIDENCE IV	JLY 9, 1969 Where deceased lived. If	institution: residence before admission
FU	ULL NAME OF OSMITAL OR ISTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTIT	UTION, GIVE STREET	MARYLAND	DUNTY	2582
IN	ISTITUTION				C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
	40 ST AC	GNES HOSP	TAL		BALTIMORE E. STREET AND NUMBER	R	YES NO
	/					TO ROAD	
5.	SEX 6. RA	ACE /	· MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
_	FEMALE	WHITE	WIDOWED		10 06 01	67	Monins Doys Hoois Min.
do	A. USUAL OCCUPATI se during most of workin ACKEL	g life, even if refired 1	or kind of	BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlate of	foreign country!	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME				VIRGINIA	YAME	USA
		That	cker			VANIB	
15.	Wos Decoosed Ever	in U. S. Armed Force	18?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	ne	no	at salvices	SECURITY NO. 219 18 7611	ST AGNES R	ECORDS-CATO	ON & WILKENS AVE
_	18. / 4	9.1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
	DISEASE OF	CONDITION DIRE	CTLY		halgrent tem	w & chen	A Wald BETWEEN ONSET AND DEATH
		ING TO DEATH		(A)IMMEDIATE CAL		()	
	heart failure, asthe	eon the mode of c mia, etc. Il means t	ne disease.	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	injury or complication	lian which caused d	leath.)		-		
		CEDENT CAUSES		(B)			
	DISEASES OR C	ONDITIONS, if a	y, giving	DUE TO, OR AS	A CONSEQUENCE OF:	************	
	UNDERLYING CO	ove cause (A) s NDITION last.	lating the	(c)			
	-	11					
NOL N	OTHER SIGNIFICAN	CONDITIONS CON	RIBUTING				
CAT	DISEASE OR CONDI	TION GIVEN IN PART	(A).	**********************			***************************************
CERTIFICATION	0	NATION 198 CONDI WAS PERFO	TION FOR V	VHICH OPERATION	NO	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL	21A. ACCIDENT W. OR CONTRIBUTING DEATH (notify medic	AS UNDERLYING CAUSE OF col examined	218, hometca	e, form, factory, street, of	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR	(If In Baltima	ara City, give exoct lacation)
MEDI	21 D. TIME (Mor	nth) (Day) (Yearl		INJURT OCCURRED	21F. HOW DID	NJURT OCCUR?	
2	(APPROX.)		Whi	le At Not While			
	22. I certify that	(1) (this hospital)	attended th		UNE 23	10 69 to JU	JLY 9 19 69
	that (IX(we) lost	sow the deceased	alive an	JULY 9	1969 ond	that in (my) (our) an	inion death occurred on the date
					lew the body ofter deat	ha	this death occurred on the date
	23A. SIGNATURE	^					23B, DATE SIGNED
	Josa	de Chua	Sambit	Dhu	nding Med.	Staff Phys.	7-9-49
	23C. PHYSICIAN'S NAME (Type)		-/	DEGREE	23D. ADDRESS	1 11y 3,	
		ADA MUANG	SOMBLIT		T AGNES BAL	TO MD 2122	0
24/	REMOVAL (Specify	ON. 24B. DATE		ME of CEMETERY of CRE			City, town, or county) (Stota)
	build	7-12-69	Mead	lowridge Mem Ph		Phridae II	J.C. M.J
25 <i>A</i>	DATE REC'D BY H	EALTH DEPT. 2	A NAME O	F REGISTRAR		og noware	d o l'id
	JULII I	303 NOBER	- Valle	in with 0	Thomas J'Kes	July Inc 1600 H	Hollins St
VS	150-REV- 1/1/68						



1	11-624	69	6986		Y HEALTH DEPAR		REG. NO.	69	6986
BIRTH				CERTIFICA	TE OF DE				
(Туре	ME OF DECEASED						7, 1969		8:50 P. M.
3. PL	ANCY MARSHA	MARYLAND, W	HERE PRONOUN	CED DEAD		_		stitution: residenc	e before odmission)
HOSE	L NAME OF (IF	NOT IN HOSPIT DRESS OR LOCA	AL OR INSTITUTI	ON, GIVE STREET	Marylar	nd	In INICI	23 DE CITY LIMITS?	01
	altimore Ci	ty Hospit	tals		Baltimo		D. 11451	YES V	NO
	940 Eastern		0.004		E. STREET AND	NUMBER			
	altimore, Ma	aryland	21224		105 W.	Henriett	a Street	21230	
5. SEX	X 6. RACE		-	NEVER MARRIED	B. DATE OF BIRTH	9. Al	GE (In yeors birthdoy)	Months Doys	If Under 24 Hrs. Hours Min.
		egro	WIDOWED	DIVORCED	4-10-25		44	In CITIZEN O	F WHAT COUNTRY?
done d	during most of working life		IND. KIND OF BI	DINESS OF INDUSTRI			ooniry)	12. CITIZEN O	
	ousewife				Virgini				U. S. A.
13. FA	ATHER'S NAME				14. MOTHER'S M	AIDEN NAME			4.0
	ames Brown	11 S A 1 5	9	(	Nancy 17. INFORMANT			APP	BECC
Yes, n	os Deceosed Ever in no or unknown) (If yes,	give wor or date	es of service)	SECURITY NO.				ADD	21224
		no				cords 49	40 Easter		
16	B. 4 27 2	1		CAUSE OF DEAT	Н				OXIMATE INTERVAL
	DISEASE OR C	ONDITION DI	RECTLY		Oa. Di	ac A	1111		5 hin
(	(This daes not mean	the made of	dying, e.g.,	(A) IMMEDIATE CA DUE TO, OR AS	A CONSEQUENCE	OF:	vasi		3/1/1000
	heart failure, asthenia injury ar camplication								
	ANTECE	DENT CAUSES		(a) U	renia	grad .			3 down
	DISEASES OR CON				S A CONSEQUENCE	OF:			4
	rise to the above UNDERLYING COND		stating the	(c)					
		П		\ -,					
	OTHER SIGNIFICANT C	ONDITIONS CO							
CAT	DISEASE OR CONDITIO	N GIVEN IN PAR	RT 1 (A).	ICH OBSOLTION	1204 4117050	2 (Vac as Na) 20	R IE VCC WERE	INDINGS CON	SIDERED
CERTIFIC	9A.DATE OF OPERAT	WAS PER	FORMED	ICH OFEKATION	NO NO	IN	B. IF YES, WERE I	USES OF DEATH	1?
2	21A. ACCIDENT WAS	UNDERLYING	218. PL	ACE OF INJURY (e.g.,	in or obout 21 C. WH	ERE DID	(If in Boltimor	e City, give exoc	t location)
V D	OR CONTRIBUTING DEATH (notify medical	exominei)	home,	form, foctory, street,	office bldg., INJURY	OCCUR?			
EDIC		(Doy) (Yeor)	(Hour) 21 E. IN	JURY OCCURRED	21 F. HO	W DID INJURY	OCCUR?	-	
5	OF INJURY (APPROX.)		While	At Not Whi	ile 🗍				
		(ship beenise	Work	AT WORK	2-4	10 /	9 to 1	- 1	19 69
	22. I certify that (I)			h - h	19 69				curred on the dote
	that (I) (we) lost sa						truly (out) obt	mon agoth oc	Lurred on the dote
	ond hour and from t	ne couses sto	red obave.(1)	We) (did) (did not)	view the body at	rer deoth.		23B, DATE SIG	NED
	M.	1 Rine	144		ending Me			1-1	7-109
2	23C/PHYSICIAN'S	nu	wo	GEGREE Ph		ector Phys			21224
	NAME (Type)	1 0	7.1-	1-1	Baltimore	City Hos	gital 494	0 Easter	BALTIWOR
244	MON	N R	BRECK	ATL DEGREE				ty, town, i cour	
	RUPIAL CREMATION	24B. DATE	24C NAM	LE OF CEMETERY OF CE	REMATORY	24D. LOCA	TION IC:		nty) (State)
	BURIAL CREMATION REMOVAL (Specify)	, 24B. DATE	24C. NAN	TE OF CEMETERY OF CE	REMATORY	- 24D, LOCA	TION (CI	iy, 10 wn, <b>j</b> et 2001	nty) (Stote)
B	BURIAL CREMATION REMOVAL (Specify)	7-11-6	24C. NAN	F. Auburn	Cont	- B.	-lti-		and.
£ 5A.	BURIAL CREMATION REMOVAL (Specify)  BURIAL DATE REC'D BY HEA	1 24B. DATE  1 - 1 - E	24C. NAM M 12SB. NAME OF	REGISTRAR	25C. FUNERAL	- B.	elti-		DDRESS
25A.	BURIAL CREMATION REMOVAL (Specify)  BURIAL (Specify)	24B. DATE  1-13-6  LITH DEPT.  Robert E	24C. NAN M 125B. NAME OF	F. Auburn	Cont	- B.	elti-		nd.

Canada Mart Shin Die i Budth 

	EALTH DEPARTMENT
MEDICAT EXAMINER'S	CERTIFICATE OF DEATH REG, NO. 69 6987
I. NAME OF DECEASED	
(Type or Print)	2. DATE Known Month Doy Year Hour
RAYMOND A. JACKSON  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted July 9,1969 1:20 Pm.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD July 9, 1969 Year 1:20 P.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  Money 1 and B. COUNTY
2501 Lauretta Avenue	Maryland B. County 1605
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH   10.AGE (In years   11 Under 1 Yr. il Under 24 Hrs.   Months; Doys; Hours; Min.	E. STREET AND NUMBER
Oct-24, 1918 1001 11111005 50 Months 10015 Min.	2501 Lauretta Avenue
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
Balto. Md. WHATCOUNTRY?	herry Tackson
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of working lile, even if retired)	Alana Alan
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO.	R / E.C.
19. CAUSE OF DEA	APPROXIMATE INTERVAL
	GENIC BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Broncho	p <del>hormonia</del> Carcinoma with Metastases
(This does not mean the mode of dying, e.g.,  (A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:
heart follure, osthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	The temporal William (temporal section)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
Y UNDERLYING TOP CONTRIB. Thome, form, foctory, street, office	in or obout 22C. WHERE DID (II in Boltimore City, give exact location) se bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH.	
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AI WORK AT V	WHILE T
23,	
	ond that on this basis, death in my opinion
resulted from: Natural couses X Accident Suici	de Homicide Undetermined monner
1 101/1/1/	CHIEF MEDICAL EXAMINER
SIGNATURE CAUPE MILES	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER   6/9/69
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	(Side)
Burial 7-14-69 Balts. NA	or. a. Balto. nd.
25A. DATE REGID BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JULII 1969 Whet E. Falley M.D.	Ehrang O. W. Low 1000 Brantay has.
VS 151-REV. 1/1/68	069/2



	This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
<b>]</b> —	if (4) We the ispo
A	e di ind; eath
ORI	assis if th ny kind d d lanc
MP	his of ar of ar tend
•	A Por Or
FUNERAL DIRECTOR: IMPORTANT	mine rine fract o pr gula emb
<u> </u>	wh wh are
DIR	ical al e is; (3 cian as ir
AL	medic edic burn hysi n we
LER	a m a m ody lee p
5	by by 2) Bo 2) Bo 10 th physical
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	hosp natu ppt (6)
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V 500 00 0	BALTIMORE CIT	Y HEALTH DEPARTMENT		00000
BIRTH NO. 19-117/3 69 6	988 CERTIFICA	TE OF DEATH	REG. NO	69 6988
(Type or Print)	" 1 " 1 " 1	2. DATE AN	D HOUR OF DEATH	CON .
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	y C Kenney	Jun t	28,146	9 1 8 1
WHERE P	KONOUNCED DEAD	A. STATE B. COUN	e deceased lived, If ins TY	fitutian: residence belora admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	md.		2768
INSTITUTION"		C. CITY OR TOWN	D. INSID	DE CITY LIMITS?
18 1 10		BALHMORE		YES NO
md Gen. 1	Hosp.	E. STREET AND NUMBER	rodson n	ed 2/2/2
5. SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr II Under 24 Hr.
male white wind	OWED DIVORCED	Tuna 27. 1910	The second second	1 1 1 1 1 1 1 1
OA. USUAL OCCUPATION (Give kind of work 10B. KII	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country!	12. CITIZEN OF WHAT COUNTE
some during most of working life, even it refired)		n. 1		
13. FATHER'S NAME		/n d		USA
	# -	14. MOTHER'S MAIDEN NAA		,
NORMAN Durling	Tenney-Jn.	Elizabeth B	own on Co	WAN .
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of ser	1 6. SOCIAL SECURITY NO.	HALOKWANAT		ADDRESS
	SECONIII IVO.	nither		0 -
18. 79 (/ A ) ( f	CAUSE OF DEAT			JAME
DISEASE OR CONDITION DIRECTLY	CASSE OF BEAT	inencealula		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
LEADING TO DEATH		even cepucky		
(This does not meen the made of dying,	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:		***************************************
heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	ease,	A CONSEQUENCE OF:		
ANTECEDENT CAUSES				
	(B)			
DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating	iving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
TO THE DEATH BUT NOT RELATED TO THE TERMINE DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************			
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19R CONDITION WAS PERFORMED  21A ACCIDENT WAS UNDERLYING 1	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	NDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?
OR CONTRIBUTION TO	218 PLACE OF INJURY (e.g., In	or obout 21C. WHERE DID	(II In Boltimore	City, give exact location)
DEATH (notify medical examine)  21D.TIME (Month) (Doy) (Year) (Hour)  F INJURY	home, form, fociory, street, all	ice pidge INJURY OCCUR?	(* )	·· A
21D.TIME (Month) (Doy) (Yeor) (Hour)	21E INJURY OCCURRED	235 11211 21-		
OF INJURY (APPROX)	While At Not While Work	21F. HOW DID INJU	KT OCCUR?	
	11014	'Ш		
22. I certify that (I) (this hospital) attend	led the deceased fram	4ne 27 1	69 to 54	ne 28 1969
that (1) (we) last saw the deceased alive		19 69 and the	In(my) (mus) and all	on death accurred an the dat
and have and from the causes stated above			· in funt, face) obtain	on would accurred an the dat
23A. SIGNATURE		we the body after death.		
Mugelio 6.	Janey Atter	nding Med. m s		3B, DATE SIGNED
	DEGREE Phys.	Director L. P	hoff hys.	6-28-69
23C. PHYSICIAN'S NAME (Typel	2	3D. ADDRESS	RD OF MAI	RVIAND
	A	NATUMY BUA	UN OL MINI	ALLAND
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specifyl	IC. NAME of CEMETERY OF CRE	MATORY DO CET #240. N.D.	CAHON A I TORK	Idwir (a) (Statel
		VIAFKZIII	EUICAL 30	LIAOTIM, (sigle)
5A. DATE REC'D BY HEALTH DEPT.   25B. NA	ME OF REGISTRAR			
4 4 4000		25 MURTUARY	SERVICE	- BCHDess
JUL 1 1 1969 Robe E. Falle	AND 9 A	d World Ody	SLATICL	- DOTTA
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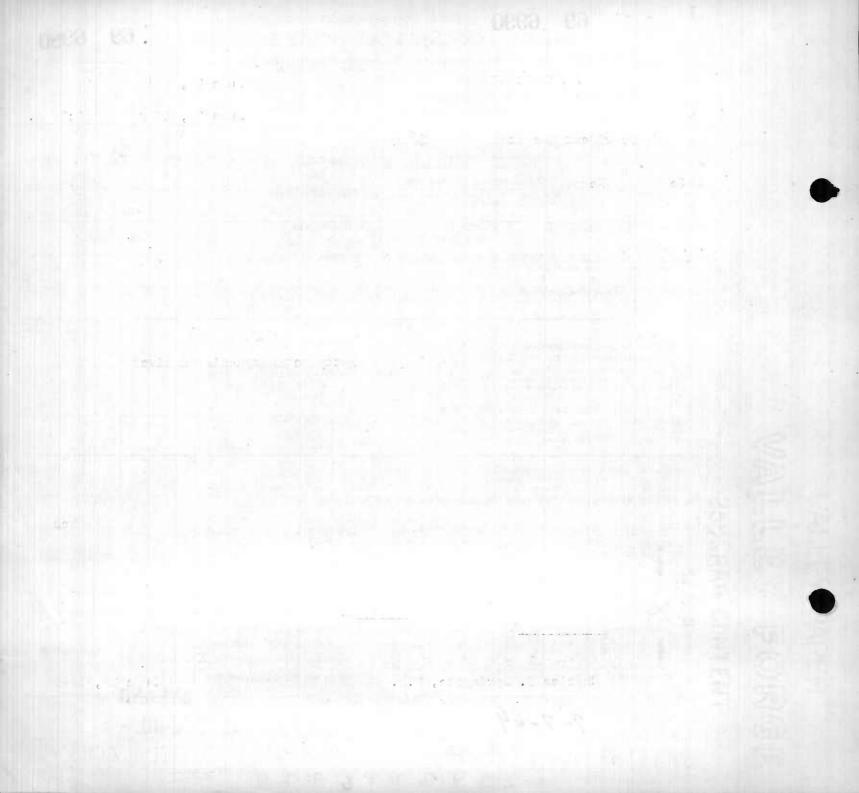
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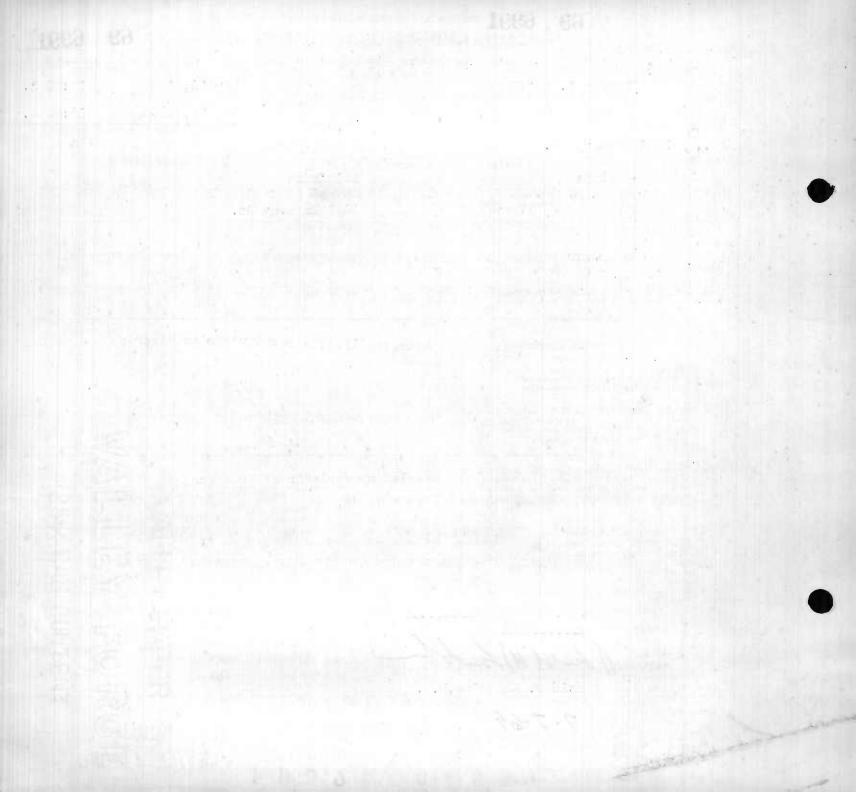
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BALTIMORE CITY HEALTH DEPARTMENT

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I. NAME OF DEC Type or Print)	CEASED	JOSEP	н сот	.EMAN	2. DATE Known X			Yeor	Hour
I. PLACE IN BAL		RYLAND, W	HERE PE	RONOUNCED DEAD	DEATH Estimated  3. DATE PRONOUNCED DEAL	Month		Yeor	Hour
OSPITAL OR INSTITUTION	ÀDDRE	ent Ho	ION)		5. USUAL RESIDENCE (		ne 29, 19 ad lived. If instituti B. COUNTY	on: residence	12:20 A, befare odmission)
. SEX	7. RACE		8. MARR	IED NEVER MARRIED	C. CITY OR TOWN		N	CITY LIMITS?	
Male DATE OF BIRT		10. AGE (In	yeors	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBI	R C	15	YES 🔲	NO Ц
1. BIRTHPLACE (S	otate or foreig	in country)	<del>' )</del>	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	N. P.			
4A.USUAL OCCU one during most of v	PATION (Giv	e kind of work i en ifretired)	148. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN	NAME			
es, no or unknown					18. INFORMANT			ADDRESS	
(This does n		DEATH mode of dvi	Ina. e.a		AUSE Fatty meta	morphos	sis of li	ver	
heort foilure Injury or con  AI  DISEASES RISE TO THI UNDERLYIN	iot meon the control of meon the control of mention  or CONDITI E ABOVE CA NG CONDITI  INTECENT ON THE CONDITI  ATTICANT CON  AT	mode of dyl. It means the ch coused deo  CAUSES  ONS, IF ANY, USE (A) STATION LAST.  II	diseose, oth.)  GIVING THE	(B)(C)	AUSE <b>Fatty meta</b> AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	morphos	sis of li	ver	
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DISEASES OF THE DISEASE OF THE DISEA	of meen the confliction which while the condition of the	mode of dyl. It means the ch coused deo CAUSES ONS, IF ANY USE (A) STATION LAST.  II NOTITIONS CO. GIVEN IN PAY 208. CON	diseose, ith.)  , GIVING THE THE TERM ART 1 (A)	(B)	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS PERFORMED  in or obout 22C. WHERE	DID (If in Bolt	imore City, give e	21. AUTO	OPSY? (Yes or No) Yes
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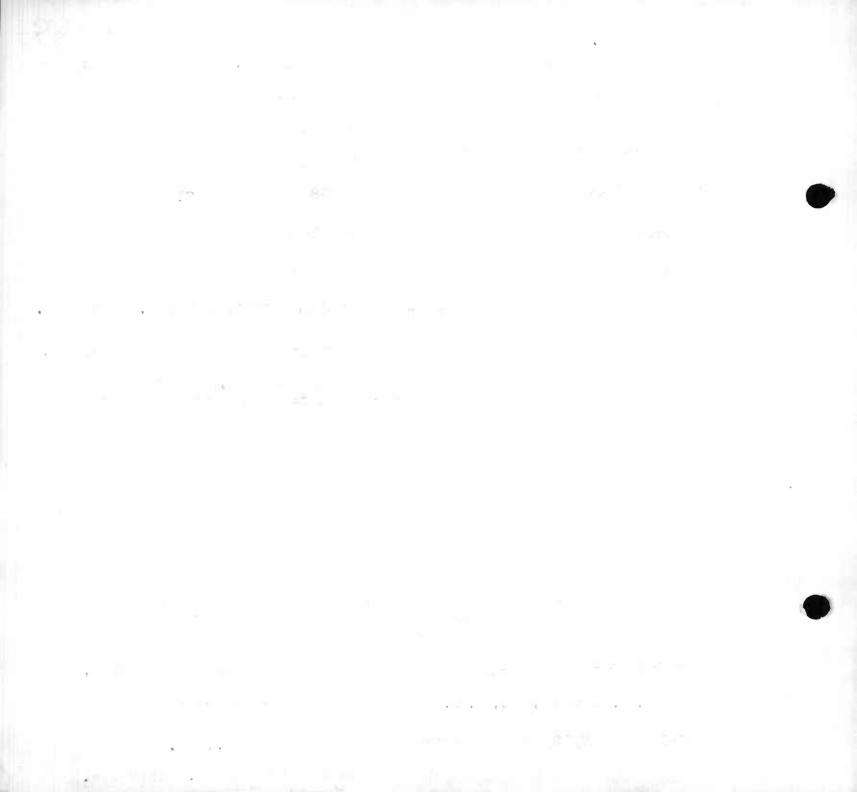


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DIRECTOR:

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VS 150-REV. 1/1/68



69 6993

K-545  AAEDICAL EVA AND SEDICAL	ALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 6993
BIRTH NC.	REG. NO. USSO
I. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
JOSEPH OLIVER KNOWLAND	OF DEATH Estimoted \( \square\) M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD  July 10, 1969 9:10 a m.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
1614 W. Lanvale St.	A. STATE  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
IIII	7-1
Male   Negro   WIDOWED   DIVORCED    9. DATE OF BIRTH   10.AGE (In years   16 Under 1 Yr, 11 Under 24 Hrs.	Balto. YES NO L
lost birthdoy) Months Doys Hours Min.	
it. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF	1614 W. Lanyale St.
WHAT COUNTRY?	Herbert Knowland Sr
North Carolina  14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working Ille, even if retired)	
	Mamie Robinson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((I yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
Yes   WWII  215-12-275	1 Herbert Knowland Jr 1614 W. Lanvale
19. / CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE (	CAUSE Bilateral pneumonitis
	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
10/	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	mania alashaliam
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ronic alcoholism
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
0 0	
Z22A. EXTERNAL CAUSE WAS   228, PLACE OF INJURY(e.g.,	Partial
UNDERLYING OR CONTRIB. home, lorm, foctory, street, office	In or obout 22C. WHERE DID (II in Boltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	200 HOWEN ALLUNY COLUM
OF INJURY	WHILE
	ORK .
I certify that I held an Inquiry I Inspection PAu	
resulted from: Notural causes Accident Suicid	Homicide Undetermined monner
ACTUAL ( ) -	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EVAMINED IVV
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Charles S. Springate, M.D.	July 10, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 7/14/69 Arbutus Men	(Side)
Burial 7/14/69 Arbutus Men 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	(Side)
Burial 7/14/69 Arbutus Mem	. Park Balto., Md.

4-10-93 Herbert Mawkand Sr. anticome direct Mamis Kobinson Elstrad . Fibi T. brainon duogram 1873-21-815 Burlal /12/69 Arbutus am Park Helto. Mc. . www marte 22 S. North Ave.

VS 151-REV. 7/1/68

6994 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NC I. NAME OF DECEASED 2. DATE Known D Day Manth Hnur (Type or Print) OF OLIVER PIERCE Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 13. DATE Manth Day Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) J111 V 1969 OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission A. STATE B. COUNTY Provident Hospital D.O.A. Maryland 6. SEX C. CITY OR TOWN 8. MARRIED X NEVER MARRIED D. INSIDE CITY LIMITS Male Colored WIDOWED -DIVORCED \_ YES K NOL 9. DATE OF BIRTH 10. AGE (In years lost birthdoy) If Under 1 Yr. il Under 24 Hrs. E. STREET AND NUMBER Manths | Doys | Hours | Min. 9-12-97 1632 Pennsylvania Ave 11. BIRTHPLACE (State or fareign country) 2. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Pennsylvania Howard F. Pierce 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during mast of working life, even if retired) Self-employed Restaurateur Albertie Freemen ió. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown)((If yes, give war or dotes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS Ave. No Mrs. Dorothy M. Pierce 1632 Pennsylvani 19. APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Hypertensive cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart loilure, osthenio, étc. It meons the disease, injury or camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** (8)\_\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). ERTI 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)  $\ddot{c}$ ₹ 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or obaut 22C. WHERE DID (If in Soltimore City, give exoct location) hame, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Manth) (Year) (Hour) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) AT WORK 23. I certify that I held on Inquiry Inspection XX Autopsy ond that on this basis, death in my opinion resulted from: Natural couses XX Suicide Homicide \_\_\_ Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. M.D. **EXAMINER'S** Deputy Chief Medical Examiner NAME (Type) July 8, 1969 Werner II 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) 7-15-69 Collingdale, Pennsylvania Eden Cemetery Burial 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

E. Nutter 3035 W. North Ave

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/ /	620	69 6	995 CERTIFICA	TE OF DEA		69	6995
I.NAME OF (Type or Print)	DECEASED Marris, Ma	athilda	- GERTHIO	2. D.	ATE AND HOUR OF DE	ATH	Р.
FULL NAME HOSPITAL OF	ADDRESS OR	OSPITAL OR IN	STITUTION, GIVE STREET	A. STATE B. Marylan	E (Where deceosad lived, COUNTY	16	nce belove admission) 05
39	Providen	nt Hospit vison Str	ial	E. STREET AND NUM 2506 W. L	'⊖	YES T	? NO 🗌
Female	Negro	7- MARRI WIDOW	ED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	II Under 1 Y	Hours Min.
Unemp]	st of working life, even if re	of work 108, KIND stired)	OF BUSINESS OR INDUSTRY	Baltimore,	Maryland	U. S	A.
	n H. Will	iams		Grace N			
15. Was Deced (Yes, no or unkn	osed Ever in U. S. Arm own) (If yes, give war	ed Forces? or dates of service	212-07-584	17. INFORMANT	y Harris	Sar	DRESS
DISEASES rise to UNDERLY OTHER SIG	ANTECEDENT CA COMPLICATION WHICH COMPLICATIONS, The above cause CING CONDITION To CONDITION To CONDITION TO CONDITION TO CONDITION EATH BUT NOT RELATED	aused death.) USES  II any, giv [A) staling st.  S CONTRIBUTIN D TO THE TERMIN.	ing DUE TO, OR AS	tabolic A CONSEQUENCE OF: EM. Cave	Acidori inomato	e ux	
DISEASE O	WA	CONDITION FO	PR WHICH OPERATION	20A. AUTOPSY? (Yes	S OF NO. 20B, IF YES, WI	ERE FINDINGS CON CAUSES OF DEAT	SIDERED H?
OR CONT	DENT WAS UNDERLY RIBUTING CAUSE O offly medical examines	ING □	21& PLACE OF INJURY (e.g., I home, farm, loctory, street, al etc.)	n or obout 21C. WHERE fice bldg., INJURY OCC	DID (If in Bolt	ilmore City, give exac	t location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doyl		While AI Not While Work		ID INJURY OCCUR?		
11101 (1) (1	we) last saw the dec	spital) attende	d the deceased from	19 69	and that In (my) (aur)	=7=1969 apinion deoth ac	19 curred on the dote
23A. SIGN	ATURE	tlen	Do auto Atto	nding Med.	Shoff 15	23 B. DATE SIG 7-8-69	NED
	E (Type)		HGOMd. DEGREE	1514 Diviso	on Street		
24A. BURIAL C REMOVA Buris		4.5	NAME OF CEMETERY OF CRE rbutus Memori	MATORY	24D. LOCATION	(City, town, or cour	
25A. DATE RE		25B. NAM	Sof REGISTRAR Sey, M.D.	25C. FUNERAL DIR	ECTOR		DDRESS North Ave

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FUNERAL DIRECTOR: IMPORTANT

H - 3				
.NAME OF DEC		ay Hedgemon	July 7,1969	ATH
FULL NAME OF HOSPITAL OR NSTITUTION			4. USUAL RESIDENCE (Where deceosed lived A. STATE 8. COUNTY Maryland  C. CITY OR TOWN Baltimore  E. STREET AND NUMBER HILL A	INSIDE CITY LIMITS?  YES NO
Female	6. RACE Negro	7- MARRIED NEVER MARRIED WIDOWED DIVORCED		
OA, USUAL OCC	UPATION (Give kind of work working life, even if retired)	Pvt. Family	Baltimore, Maryland	U.S.A.
3. FATHER'S NA.			14. MOTHER'S MAIDEN NAME Stacks Williams	
	Ever in U. S. Armed Form (If yes, give wor or dote		17. INFORMANT	Wharton- HIIIdA v
heall failule, injuly al can	LEADING TO DEATH not mean the made of asthenia, etc. If means nplication which caused ANTECEDENT CAUSES	the disease,	S A CONSEQUENCE OF:	isucij
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NOTHER SIGNIII TO THE DEA' DISEASE OR CO TO THE SIGNIII TO THE DEA' DISEASE OR CO 19.A. DATE OF DEATH (notif) 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	nal mean the made of asthenia, etc. It means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if each are cause (A) G CONDITION last.  FICANT CONDITIONS COLUMN TO RELATED TO THE CONDITION GIVEN IN PARE OPERATION 198. CON WAS PERION (Month) (Day) (Year)  (Month) (Day) (Year)  That (1) (this haspital or the causes state of the cause of the causes state of the cause of th	dying, e.g., the disease, death.)  any, giving staling the (C)	20A. AUTOPSY? (Yes or No) 208. IF YES, V IN CERTIFYING office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. How did in(my) (and that in(my) view the bady after death.	G CAUSES OF DEATH?
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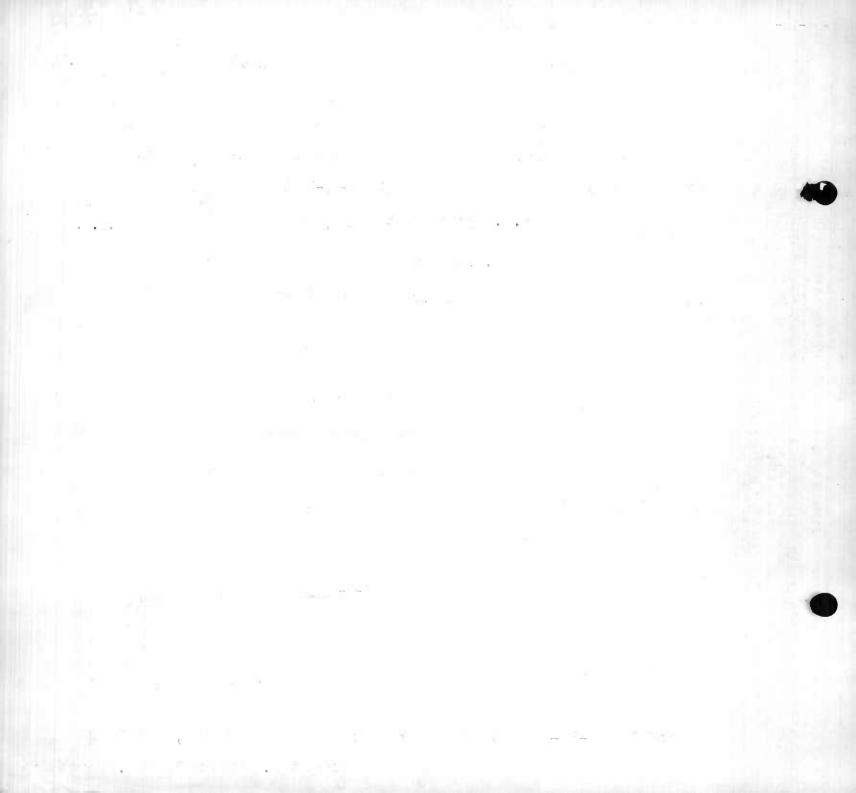
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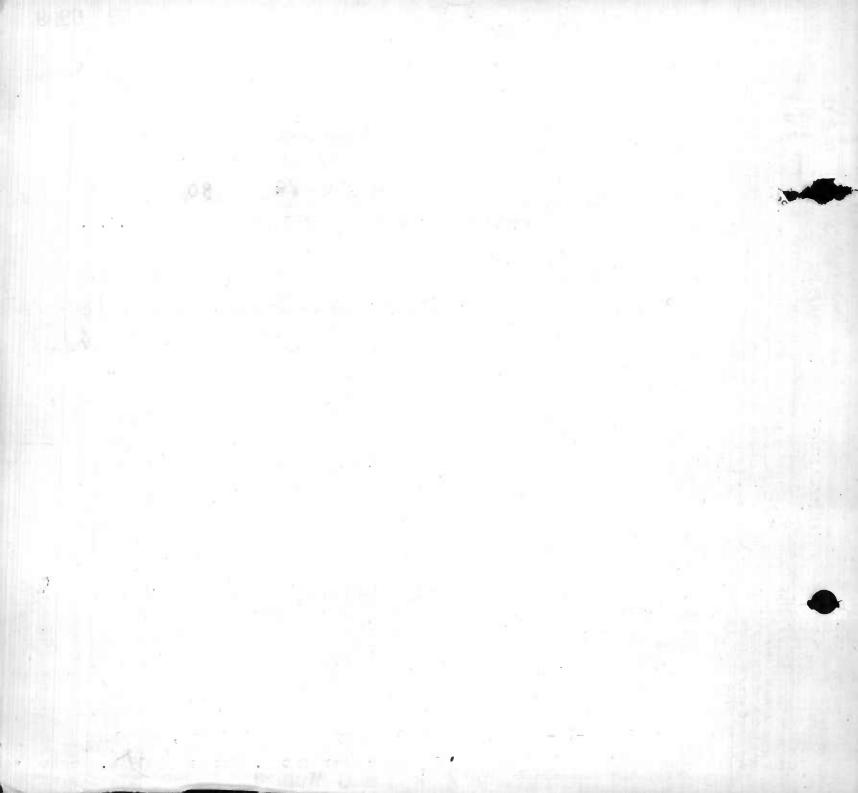
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VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



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